REBUILDING THE WALL OF MARRIAGE AND FAMILY: AN INTEGRATION OF

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ABSTRACT

A family's design is to provide systemic relationships within a family unit. Despite the functionality of familial system, it is the divine design for individuals to work together for the building of a strong and sturdy foundation. The members of a family are interrelated and interconnected, which means the behavior of one family member affects the functionality of the entire familial system. Regarding marriage and family therapy, the information in this thesis will provide a framework of the rise and fall of the marital system from a biblical viewpoint followed by steps to restore and redeem the family structure to its original intent through the integration of theology and therapy. The seedbed for restoration and redemption must be layered with the soil of reconciliation and forgiveness from both a theological and therapeutic perspective.

CHAPTER ONE

The Family: Divine Design

The modern perception of marriage and family has been greatly influenced by the corrosive education of Hollywood, magazine stands, and businesses that thrive on popularity rather than biblical principles (Gregory, 2014, para.1). The neglect of the use of biblical principles to help educate individuals, couples and families on how to create lasting and meaningful marital relationships has been a key factor in the dissolution of healthy marriages. The importance of being able to develop strategic processes using both theoretical and theological principles has proven to help reconstruct and restore broken marital relationships (Carter & Narramore, 1979, pp. 21-23).

In pursuit of returning to the design of healthy and successful marriages, this thesis will examine the integration of theology and theory. The examination will be used to develop foundational processes for enduring marriages (Duncan & Goddard, 2011, pp. 168-172) and will provide steps on how to reconstruct and restore the marital wall through the integration of biblical and theoretical principles. With reference to the theological perspective, the author will explore the first biblical marriage between Adam and Eve, a couple who were divinely joined by God to exemplify the "social, physical, sexual and economic benefits of a happy marriage" (Duncan & Goddard, 2011, p. 172). However, the couple experienced a tragic transformational change in their relationship which affected those benefits and continues to impact the foundation of the institution of marriage.   Subsequently, the author will use the theoretical perspectives of Cognitive Behavioral Therapy and the Bowenian Family Systems Approach to explore unhealthy emotions, behaviors and generational strongholds which are affecting the strength of their

marriage. Finally, the author will utilize the research methodology to develop an effective and integrative theological and theoretical model to help rebuild and restore the marriage of a family in crisis.

The design of a family is a system of interrelated and interconnected individuals seeking to live a harmonious and homeostatic life. A theological description of family is living as "one man and one woman united in marriage for life and, if God chooses, children either biological or adopted" (Stanley, 1996, p. 358). God designed humans to exist in systemic relationships. Therefore, family either functional or dysfunctional is the beginning of all relationships. In Genesis, "God told Adam, it is not good for man to be alone" which in conjunction with "no man is an island" (Donne, 1624, para.1) describes a fundamental aspect of a family system.

A healthy-functioning family is one who realizes each family member is interrelated and interconnected to other family members as well as to their environment. Since each member in a family system is part of a whole, the behavior of each family member affects cognition. Families consist of interrelated elements or objectives, exhibit coherent behaviors, have regular interactions, and are interdependent on one another (Morgaine, 2001, p. 1). Consequently, the theoretical view of a family as a system, with the use of Cognitive Behavior Therapy and Integrative Behavioral Couple Therapy, is of utmost importance when approaching marriage and family therapy.

The practice of Cognitive Behavioral Family Therapy is consistent with both Family Systems Theory and Cognitive Behavioral Therapy. The premise is "members of a family simultaneously influence and are influenced by others; leading to an investigation of schemas (core beliefs) of family members to assess cognitive appraisals.

As a result, Marriage and Family Therapists are instructed to provide interventions that are directed toward assumptions used by family members to evaluate one another and the emotions and behaviors generated in responses to the interventions" (Nichols & Schwartz, 2008, p. 287). The basis for effective family therapy lies in family systems theory (the systemic family), Cognitive Behavioral Therapy (the locomotive family) and Integrative Couple Behavioral Therapy (the jointly fit family).

The Systemic Family

The theoretical foundation for family therapy has its root in systems theory. Systems theory proposes that everything we experience in the world is interconnected to its context and cannot be fully understood without it. When it comes to human beings, we do not know who we are without understanding the relationships we have (Corey, 2013, p. 435). "Family systems theory is more than a therapeutic technique; it is a philosophy that searches for the causes of behavior, not in the individual alone, but in the interactions among the members of a group" (Ponzetti, 2003, para. 7). The individuals within a family are all interconnected and interrelated and cannot function in isolation.

A pictorial example of families functioning in a systemic manner is that of a mobile. For example, when one piece of a mobile moves all the other pieces also move. The pieces do not exist in isolation from one another, and 'movement' in any part of the 'system' will affect all the rest of the parts of the system (Bradshaw, 1988, p. 30). As with all systems, family systems have four foundational basic concepts, which help produce change and growth: wholeness, feedback, homeostasis, and equifinality.

Wholeness. The concept of wholeness states, "a system cannot be understood by dissection and study of its individual parts. Nor can one study an individual action within the system without a complex understanding of how that action relates to the total transactions of the system" (Brown & Christensen, 1998, pp. 10-11). In a family, the concept of wholeness means that one member's behavior will affect or change another family member's behavior. Therefore, one individual's personality does not make up the system of the family. For without the whole family, interaction or interrelatedness would not exist. It takes the whole family to make the system function.

Feedback. To maintain family systems functioning, the process of feedback is required. Feedback refers "to how individual units in the family system communicate with each other" (Brown & Christensen, 1998, p. 11). For example, in the Brown family, the focus of this thesis, the Dad is an alcoholic. When Dad cannot go to work the next day, Mom calls his job and says he is sick. The children ignore Dad's alcoholism and pretend he is sick. Dad continues to remain an alcoholic because no one is forcing him to face his alcoholism. The family refuses to communicate positively with each other out of fear of creating a change. In the Brown family, the feedback loops are negative thus, creating a state of frozenness, called homeostasis.

Homeostasis. Feedback loops can be either negative or positive. Positive feedback indicates change and negative feedback establishes solidity and immovability. Homeostasis occurs when a family system seeks to establish stability and equilibrium (Brown & Christensen, 1998, pp. 11-12). In a family homeostatic process, boundaries (open or closed) affect the progression of change. Boundary setting allows families to monitor the input and output of information. Boundaries are developed by families based

upon what is included in a family system and what is external to the family system (Brown & Christensen, 1998, p. 52). When boundaries are created they regulate and influence the flow of information into and out of the family circle. Boundaries can be either closed or open, thus producing either negative or positive effects on the family system.

Therefore, all families have established rules to help to dictate how opened or closed the individuals in the family are going to operate. As families seek to maintain balance with organized roles and rules, there are times when the balance is interrupted thus, creating a change in homeostatic state. The change leads the family to readjusting and reorganizing the roles and rules to help keep the family balanced. During a time of change and re-adaptation, families face challenges either to maintain consistency or to grow systematically to adapt to the changes.

Finally, as families move toward a state of change or remaining the same, feedback is needed to help describe existing patterns of communication and interaction. Negative feedback helps to maintain homeostasis or equilibrium and describes patterns of interaction that maintain stability or constancy while minimizing change. On the other hand, positive feedback consists of patterns of interaction that facilitate change or movement toward either growth or dissolution (Ponzetti, 2003, para. 5).

Equifinality.   All living organisms demonstrate the ability to reach a final goal. Equifinality "implies that there are many paths to the same destination" (Brown & Christensen, 1998, p. 12). In family systems, the terms vision and mission are of great significance. Regarding vision and mission, families should have a stated objective and purpose on what goals they want to achieve. The achievement of accomplishing

objectives of the family is determined in various ways. Family members are creative and intelligent beings and as crises are experienced, the ability to reach the stated objective is the result of each individual working together to get the job done.

The aforementioned basic concepts are vehicles to the production of change and growth within a family unit. The process of change and growth from a systemic perspective effectiveness was developed by Murray Bowen. Bowen conceptualized a theory and a therapy that were totally opposite from the traditional way of practicing psychotherapy. Nichols and Schwartz (2008) stated that "Murray Bowen's emphasis on theory and insights as opposed to action and technique distinguish his work from more behaviorally oriented family therapists" (p. 127).

Bowen's theory viewed the family as an emotional unit, a network of interlocking relationships, best understood when analyzed within a multigenerational framework (Goldenberg and Goldenberg, 2000, p. 166). In Bowen's family systems theory, the individual is not seen in isolation from other family members. Bowen's theory states the emotional disturbance in an individual arises from and is maintained by relational binds with others (Goldenberg and Goldenberg, 2000, p. 168). Therefore, due to their interdependency and interconnectedness the individuals in the family cannot be understood in isolation from the family system.

Bowen's systemic perspective on family issues has eight interlocking concepts which are crucial to marriage and family therapy. However, only four are included as part of the author's therapeutic approach: differentiation of the self, emotional triangles, nuclear family emotional system, and societal regression.

Differentiation of Self. Bowen's first concept, differentiation, is the ability to separate feeling and thinking. Differentiation is defined as "the ability to be in emotional contact with others yet still autonomous in one's emotional functioning" (Kerr & Bowen, 1988, p. 145). The level of differentiation of self is determined in the family of origin and has an important and lasting effect on the individual's life.

When an individual has an increased level of differentiation, there is a clearer sense of identity. On the other hand, a less differentiated person does not have the ability to be a mature and individualized entity apart from the family. Less differentiated individuals create a level of togetherness that is unhealthy and emotionally ill. Individuals with a low level of differentiation, develop dependent and emotionally fused relationships. The individuals in fused relationships are more dependent on others; their identity is unclear, and their sense of self is clouded. Fusion between two people relieves tension by involving vulnerable third parties who take sides (Prochaska & Norcross, 1999, p. 380). Therefore, when faced with stressful or high anxiety situations the people in the system are more likely to triangulate.

Emotional triangles. Triangulation is considered "the building block or molecule of larger emotional systems because a triangle is the smallest stable relationship system" (Kerr, 2000, para.1). In other words, triangulation is the basic key to understanding family systems. Triangulation arises when there is a conflict between two people and as a result a third person is persuaded to join in for reinforcement. Kerr (2000) suggests, "Paradoxically a triangle is more stable than a dyad, but a triangle creates an 'odd man out' which is a very difficult position for individuals to tolerate" (para. 2). The potent force in triangulation is being the odd man out, as tension increases the patterns in a

triangle change. Triangles in a state of calm consist of a comfortable twosome and an uncomfortable outsider (Prochaska & Norcross, 1999, p. 380). On the other hand, when a great amount of tension is experienced in a triangle the odd man out position is the one most desired by the other people.

Within the family system, triangulation can affect how the family functions. For example, if two parents focus too much on the problems of their child, in response the child can display rebellious behaviors. Therefore, it is imperative to recognize the basic relationship patterns that govern the family when problems develop.

Nuclear family emotional system. Relationship patterns are understood through the concept of the nuclear family emotional system. Bowen's third concept of family systems is a nuclear family emotional system. Nuclear family emotional system has four basic relationship patterns, which play a role in family member's choices when tension is heightened. The relational patterns are "overt marital conflict; reactive emotional distance; physical or emotional dysfunction in one of the spouses (usually the more accommodating one); or projection of problems onto one or more children" (Nichols & Schwartz, 2008, pp. 128-129). "Tension increases the activity of one or more of the four relationship patterns. Where symptoms develop depends on which patterns are most active. The higher the tension; the more chance the symptoms will be severe" (Kerr, 2000, para. 2). Unhealthy emotional relationship patterns will reoccur year after year if family members do not learn how to deal with emotional forces in their family of origin.

Societal regression. Societal regression describes how society affects the functioning of families. "The concept states that when a family is subjected to chronic, sustained anxiety, the family begins to lose contact with its intellectually determined principles, and

resorts more and more to emotionally determined decisions to allay the anxiety of the moment" (Bowen, 1978). As societal anxiety increases, the level of differentiation is lowered thus creating a higher level of crime and other societal problems. In a poverty-stricken area, families are emotionally affected, and as a result the anxiety level is heightened which puts an undue amount of stress on the familial system.

Murray Bowen's family systems therapy paved the way for a new way of assessing and treating the family system. Comprehension of the interlocking concepts enables the therapist to focus on the two "counterbalancing life forces: togetherness and individuality" (Nichols & Schwartz, 2008, p. 125). With the Bowenian approach, the therapist uses treatment to "encourage clients to begin a lifelong effort at self-discovery rather than the therapist trying to fix the problems" (Nichols & Schwartz, 2008, p. 380). In leading the clients to self-discovery, the therapist incorporates the following techniques: exploration of each individual and their perspective on what problem exists within the family; assessment of anxiety and stress; and envisioning the issues multi-generationally using a genogram (Nichols & Schwartz, 2008, p. 148). Genograms are utilized to evaluate a great deal, including symptoms, sibling positions, nuclear family emotional processing, and emotional cut-off. The therapist encourages family members to move from a low level of differentiation to a high level of emotional stability. Thereby, creating a road to healthiness and enabling the individuals to become more self-differentiated, which is a goal worth attaining.

Since Bowen's Family Systems Therapy is more theory driven and is used primarily for the resolution of a family's presenting problems, it is vital to move to a more technique-driven therapeutic approach. Brown and Christensen (1998) suggest,

"like the family itself, the field of family therapy can be described by studying each part but cannot be fully understood without some synthesis" (p. 3). Therefore, the family therapist can employ therapeutic approaches from more than one theory or technique. As a family experiences conflict, a Cognitive-Behavioral approach can provide significant therapeutic change. "Cognitive-behavioral family therapy relies upon the significant awareness and exploration of how thoughts influence behavior" (Yarhouse & Sells, 2017, p. 245).

The Locomotive Family

The locomotive family, as developed by the writer is when family members allow their thought patterns to produce a change reaction which affects their behavior. Thus, their behavior affects the entire familial system. Cognitive Behavior Therapy (CBT) has its roots in Rational Emotive Behavior Therapy (REBT). REBT was developed by Albert Ellis, which eventually led to the development of CBT by Aaron Beck. Although Beck primarily developed the therapeutic model, he also gained knowledge and insight from various other professionals such as: George Kelly, Alfred Adler, and Karen Horney. Beck's daughter, Judith, also provided major contributions by providing a summary of Cognitive Therapy. Beck's (2011) summation of Cognitive Therapy is as follows: "In a nutshell, the Cognitive model proposes that distorted or dysfunctional thinking (which influences the patient's mood and behavior) is common to all psychological disturbances. Realistic evaluation and modification of thinking produces an improvement in mood and behavior" (p. 3). Her summarization of the therapy helps provide clarity of focus and purpose of the therapy. Cognitive Behavior Therapy assumes that cognitions, emotions, and behaviors interact and have a reciprocal cause and effect relationship. The CBT

model focuses on thinking as well as feeling and is directive in its approach. CBT teaches, "our emotions stem from our beliefs, evaluations, interpretations, and reactions to life situations" (Seligman, 2001, p. 422). In other words, it is CBT's belief that our thoughts determine our emotions and behaviors, and if people change their thoughts, then they can change their actions and behavior. Cognitive Behavioral Therapy is problem-focused and goal-oriented. A basic goal is to teach clients how to change their dysfunctional emotions and behaviors into healthy ones.

Therefore, effective Cognitive Behavioral Therapy helps people overcome their irrational thought patterns and teaches the clients to identify, evaluate, and then modify irrational thoughts. In viewing human nature, cognitive behavioral therapists believe humans are born with a potential for both rational and irrational thinking. Distorted thinking is a result of various factors, which include childhood experiences, genetic predisposition, traumatic events, and undesirable influences from others (Beck, 2011, p. 228). Regardless of experiences and predispositions, humans can modify or change their cognitive, emotive, and behavioral processes. Therefore, it is imperative for Cognitive Behavioral Therapists to use effective strategies and techniques to help clients learn to identify and challenge irrational beliefs.

As therapists encourage clients to discover irrational beliefs and ideas, the therapist must remain problem-focused and goal-orientated. A basic goal is to teach clients how to change their dysfunctional emotions and behaviors into healthy ones. Leahy and his contributors (1997) listed the following principles to characterize the practice of cognitive therapy:

- Cognitive therapy is based on the finding that changes in thinking lead to changes in feeling and acting.
- Treatment requires a sound and collaborative therapeutic alliance.
- Treatment is short-term, problem-focused, and goal-oriented.
- Cognitive therapy is an active and structured approach to treatment.
- Cognitive therapy focuses on the present, although attention is paid to the past when indicated.
- Careful assessment, diagnosis, and treatment planning are integral.
- A psycho-educational model that seeks to promote emotional health and present relapse by teaching people to identify, evaluate, and modify their own cognitions.
- This approach uses a broad range of techniques and interventions to help people evaluate and change their cognitions.
- Inductive reasoning and Socratic questioning are particularly important in helping people accurately assess their cognitions.
- Task assignments, follow-up, and client feedback are important in ensuring the success of this approach (pp. 5-19).

Since CBT is the afterbirth of Rational Emotive Behavior Therapy (REBT), it is important to note the use one of the central principle that underlines REBT, which is the "ABC model". Windy Dryden (1999) states, "The ABC framework is the cornerstone of REBT practice" (p. 4) and can be included as one of the chief cornerstones for Cognitive Behavioral Therapy. The *A* in this framework stands for an activating event. The activating event is either what happened or the actual experience. It can also be the person's inference about what has happened. *B* stands for beliefs, which can be either rational or irrational. Rational beliefs are characterized as being flexible, consistent with reality, and logical. In contrast, irrational beliefs are characterized as being rigid, inconsistent with reality and illogical (Dryden, 1999, p. 11). The person's belief is an evaluation of what happened during the activating event. After a person has evaluated the actual event, then there is an influx of emotions and behavior. *C* stands for the emotional and behavioral consequences of the client's beliefs about *A* an activating event" (Dryden, 1990, pp. 4-5). Rational Emotive Therapy holds that when a highly charged emotional

Consequence (C) follows a significant Activating Event (A), A may seem to but does not cause *C*. Instead, emotional Consequences (C) are largely created by B-the individual's Belief System. When, therefore, an undesirable Consequence occurs, such as severe anxiety, this can usually be quickly traced to the person's irrational Beliefs (Corsini, 1973, p. 167).

In the development of an effective treatment plan for a client, the therapist must have a thorough knowledge of CBT's guiding principles. During treatment, the therapist's main goal is to "help people identify errors in their own information-processing systems and correct them" (Seligman, 2001 p. 428). The therapist must build trust and establish effective rapport with each client. Although an intensive therapeutic relationship is not required, all clients are to be accepted as persons, but their faulty thinking and self-destructive behaviors must be confronted. Cognitive-behavioral therapists use cognitive, emotional, and behavioral methods to help the client dispute irrational beliefs. The methods include the use of cognitive homework, change of one's language and use of humor, rational emotional imagery in which clients have to imagine the worst things that could happen to them, role-playing and shame-attacking exercises. The methods are used to help clients "formulate new cognitions that are more realistic and adaptive" (Seligman, p 429, 2001), which will lead to a restructuring of their automatic thoughts.

Although CBT has tremendously evolved over the last few decades, there are still limitations. Some of the biggest critiques are the beliefs that CBT focuses too much on positive thinking, being too simplistic, denying the past, being too technique-oriented, failing to use the therapeutic relationship, working only to reduce symptoms, failing to

explore the underlying causes of difficulties, and ignoring unconscious factors and emotions (Kottler and Brown, 1996, pp. 130-131). Despite its limitations, CBT is one of the most effective modes of therapy to use with individuals, groups, and families, especially in the African American setting.

The Jointly Fit Family

The family is viewed as a system and it is important to deal with a family in crisis as a unit, the writer describes this family as the jointly fit. It can also be helpful at times to deal with the parents without the children being in the room. When faced with a couple who is undergoing conflict, the distress can occur because of a variety of reasons. An effective approach to help couples work through their problems is the implementation of the Integrative Behavioral Couple Therapeutic (IBCT) model. Integrative Behavioral Couple Therapy is integrative in at least two senses: First, "it integrates the twin goals of acceptance and change as positive outcomes for couples in therapy" (Baucom and Hoffman, 1986, p. 598). Second, "IBCT integrates a variety of treatment strategies under a consistent behavioral theoretical framework" (p. 598). According to Jacobson and Christensen (1996), "Integrative Behavioral Couples Therapy helps couples by improving behavior exchange, communication, and the couple's abilities for problem-solving skills" (p. 86).

In recent years, Integrative Behavioral Couple Therapy (IBCT) has become one of the newer approaches being used in couple therapy. Psychologists Andrew Christensen and Neil S. Jacobson developed IBCT, which has its foundational base in traditional models of behavioral couple therapy. Unlike traditional behavioral couple therapy, which emphasizes accommodation, compromise, and collaboration (Jacobson and Christensen,

1996, pp. 10-11), IBCT additionally emphasizes acceptance and emotional change. The shift from traditional to Integrative Behavioral Couple Therapy occurred in response to the lack of long term effects of marital satisfaction. As stated by Jacobson and Christensen (1996), when "couples cannot or will not compromise, accommodate or collaborate; traditional behavioral therapy has little to offer them" (p. 10). Therefore, the two psychologists had to find the missing link in the traditional way of doing couples therapy. The missing link as discovered by the two psychologists was the idea of "acceptance" (Jacobson and Christensen, 1996, p. 11). Jacobson and Christensen (1996) define acceptance "as the act of relinquishing the struggle to change partner behavior and using differences as opportunities to create enhanced intimacy" (p. 11). Integrative Behavioral Couple Therapy suggests the notion of acceptance plays an important role in maintaining a healthy marriage. In addition, IBCT was "designed to address some of the limitations of traditional couple therapy by combining strategies for fostering emotional acceptance with the change-oriented strategies of traditional behavioral couple's therapy" (Jacobson, Christensen, Prince, Cordova, and Eldridge, 2000). IBCT focuses on the use of strategies designed to help spouses accept once unacceptable attributes and characteristics of the other spouse. In marital accord, acceptance is one of the keys to establishing a greater level of intimacy. Jane Brody (2000) advises, "rather than forcing change, partners should start by accepting each other's differences and appreciating their individual sensitivities" (A New Approach section, para. 3).

Couples who choose to receive couple therapy with the use of Integrative Behavioral Couple Therapy are given the opportunity to understand therapeutic process before making a final decision. Therefore, certain principles are outlined by the therapist

to help couples make sure IBCT is the desired type of couple's therapy. The single most important organizing principle is formulation (Jacobson and Christensen, 1996, p.41). The formulation principle is defined as "the way the therapist conceives of and describes the couple's problem in terms of their differences, incompatibilities, and associated discord" (Wheeler, Christensen, and Jacobson, 2001, p. 612). The goal of the therapist is to get the couple to adopt the formulation of their difficulties based on a careful evaluation that will help allow the husband and wife to stop blaming each other and open themselves up to both acceptance and change.

The components of formulation are "a theme, a polarization process, and a mutual trap" (Wheeler, et al, 2001, pp. 612-613). The theme describes the primary conflict that exists in the couple's relationship. Some of the most common types of themes in IBCT are "closeness-distance, control, and responsibility, you don't love me, yes I do, artist and the scientist and conventionality-unconventionality" (Jacobson and Gurman, 1995, p. 37). The closeness-distance theme is the most basic and the one which is used on a regular basis. The theme can be identified as describing the functional analysis of each partner's behavior during his or her time of conflict (pp. 35-36). After the couple's relationship faces destructive conflict surrounding some theme, they enter the polarization process. Once the couple experiences destructive conflict during the polarization process they may be prevented from moving forward in a positive manner, thus causing stagnation. However, the goal of the therapist is to help couples reduce the polarization process by encouraging them to accept each other's differences. If couples cannot reverse the polarization process, they may feel stagnated or stuck which is referred to as the mutual trap.

Couples who experience the mutual trap have a difficult time discussing their feelings of hopelessness during therapy. The mutual trap can become an internal disease that eats away at the external relationship. These three components are the foundation for helping the therapist assist couples in understanding and realizing that there is hope for them in their relationship. After the therapist has created a formulation, organizing the treatment goals can be accomplished. In short, the formulation is used as a context to help the couple understand their relationship and the source of their conflict.

However, to create a formulation, the therapist takes the couple through the assessment and evaluation phase of IBCT. According to Jacobson & Christensen (1996), "the primary purpose of assessment is to come up with a formulation, which will serve as the basis for a treatment plan" (p. 59). During the assessment phase, the therapist begins with a "three-to-four-session evaluation phase" (Jacobson & Gurman,1995, p. 40). The therapist, during the first three sessions, has an opportunity to learn about the concerns of the couple. In the first session, normally the therapist interviews the couple together. The initial interview is not to be used discussing problems in the relationship. However, the initial interview opens the door for the therapist to be able to obtain a brief history of their relationship and learn why the couple seeks therapy. "The basic strategy is to begin the session with a brief discussion of the presenting problems, and then to shift to relationship strengths and courtship" (Jacobson & Christensen, 1996, p. 60). The goals of the initial interview are: "validate their experience of hopelessness; honor and respect their ambivalence; make the session as therapeutic as possible; and socialize them to the twin process of therapy and assessment" (Jacobson & Christensen, 1996, p. 61). The

couple is also given questionnaires that are to be completed and returned when they meet

with the therapist during their individual sessions, which are sessions two and three.

Following the initial interview, each partner comes back for an individual

interview. In the individual session, the therapist delves into each partner's concerns and

individual history regarding the relationship. During the first three interviews of the

assessment phase, the therapist gathers data from questionnaires and interviews. The data

is then used during the feedback session. During the assessment phase, the therapist

attempts to answer six questions:

1. How distressed is this couple?
2. How committed is this couple to this relationship?
3. What are the issues that divide them?
4. Why are these issues such a problem for them?
5. What are the strengths holding them together?
6. What can treatment do to help them? (Jacobson & Christensen, 1996, pp. 71-72).

Because of answering the questions, an outline for the feedback session is created. Each

question is addressed to create an ongoing dialogue between the therapist and the couple.

The answer to each question determines the level of treatment the couple will receive.

For example, the first question may determine if the couple will proceed with therapy.

Depending on the severity of their distress, either therapy can proceed or not proceed.

Therefore, it is imperative that the therapist uses these questions as a guiding force during

the feedback session.

The six questions provide the therapist the opportunity to create dialogue with the

client. Jacobson and Christensen (1996) write, "therapists go through these questions and

their answers with the couple. The answers are descriptive and provide information to the

couple; most importantly, they often move the couple in a positive direction" (p. 71). In

addition, during the feedback session, the theme is presented and the position of each

partner on the conflictual theme. The polarization process and mutual trap process are

discussed when the therapist asks the fourth question, "Why are these issues such a

problem" (Jacobson & Christensen, 1996, p. 74)? While the therapist is discussing the

polarization process and mutual trap, Jacobson and Christensen (1996) state, "two other

concepts are useful with some couples: the minefield and the credibility gap" (p. 82).

The minefield refers to those buttons that partners push and that, once pushed,

seem to lead inexorably to severe conflict. A credibility gap refers to "a point in an

argument where an impasse develops because one person's position is simply not

credible to the other" (Jacobson & Christensen, 1996, p. 82).   In these instances, the

ability for the couple to solve problems is null and void. The sixth assessment question

allows the therapist to discuss the goals of treatment and procedures on how to achieve

those goals.

At the end of the feedback session, the couple faces the decision of whether they

are going to continue with a treatment plan or move on to another therapist. Therefore,

the final question of the assessment phase which is: What can the treatment do to help

and is the most important? If the couple states they need help, then the active phase of

treatment begins. The therapist presents the couple with a treatment plan and they decide

on the goals of their therapy. Sessions at this point are for the most part done jointly, with

both members of the couple and the therapist. During the therapeutic sessions, the

therapist allows the couple to focus on their most recent confrontation. The therapist

plays a major role in helping the couple with effective communication, identifying of any

unhealthy relationship patterns and assisting the couple to develop alternate ways of

interacting (Jacobson & Christensen, 2002). The standard protocol for IBCT therapy is described in a treatment manual written for therapists: *Acceptance and change in couple therapy* by Neil S. Jacobson and Christensen (2002). The therapeutic process of IBCT is typically 4 sessions for the assessment and feedback phase and 20-22 sessions for the treatment phase. The treatment sessions are normally held with the couple every week for sixty minutes.

In addition to using the treatment manual, the book *Reconcilable Differences* by Andrew Christensen and Neil S. Jacobson (2002) is used as a homework guidebook in the initial stages of treatment. Normally the therapist assigns "the couple relevant chapters from Part II of the book, as these chapters specifically address the topic of acceptance" (Wheeler, Christensen, and Jacobson, 2001, p. 611). The goals of therapy normally are designed to promote acceptance and change. In treatment, the therapist begins with promoting acceptance strategies followed by strategies to promote change.

In order to promote emotional acceptance, the IBCT therapeutic model uses three basic interventions: emphatic joining, unified detachment, and tolerance building (Jacobson and Christensen, 1996, p. 103). "As a general rule, therapists try at the beginning of IBCT to turn problems into vehicles for intimacy" (p. 103). Therefore, it is important for therapists to use these three strategies to help enhance intimacy and acceptance. The first intervention, emphatic joining, is designed to help couples focus on healthily expressing their emotions and thoughts in a compassionate and considerate manner. Each couple is to take into consideration how each other is feeling thus choosing another way to express an emotional experience. For example, when one of the spouses

becomes angry or frustrated, the therapist encourages an expression from a caring or gentle manner.

Unified detachment as discussed by Chapman & Compton (2003) "involves strategies to create a context in which couples can communicate about their problems in a detached, intellectual, and non-accusatory manner" (p. 20). One intervention within the framework of unified detachment involves "describing relationship problems in a clear, non-accusatory manner that frames the problem as an "it" that both partners are working to resolve" (p. 20).

Tolerance building "involves changing the function of negative partner behavior by allowing partners to experience such behavior with less distress and conflict" (Chapman & Compton, 2003, p.20). In tolerance building, the therapist may allow a spouse "to intentionally engage in an undesirable behavior; to observe the impact the behavior has on their partner (in a context that is not emotionally intense) and as a means of changing the stimulus properties of the behavior for the partner" (p. 20). Finally, a tolerance building activity can involve the use of "self-care strategies" (p. 20). Self-care strategies are designed to help couples become emotionally healthy to decrease the distorted belief that emotional fulfillment is gained from the other partner.

Within an IBCT perspective, the focus on changing partner behavior is a central controlling variable that leads to many of the problems associated with couple discord, such as coercion and negative behavioral reciprocity (Jacobson & Christensen, 1996, pp. 30-33). As stated by Chapman & Compton (2003), "IBCT is part of a broader movement in behavior therapy to integrate acceptance and mindfulness-based strategies into existing change orienting approaches to enhance treatment outcomes and prevent relapse" (p. 20).

During therapy the following change techniques can be used to promote acceptance: behavior exchange techniques, communication training, and conflict resolution training.

In behavior exchange couples begin with an assignment. "Each partner is asked independently to generate a list of all behaviors that would, if done frequently, lead to greater marital satisfaction in the other" (Jacobson & Christensen, 1996, p. 72). The following therapy session, partners come in with their list and discuss them with the therapists. Therapists are to solicit silence from the couple. The therapist provides therapy individually with each partner, while the other one listens. Finally, at the end of the session the next assignment is assigned. Each partner is asked to choose several items on their list to increase the satisfaction of the other. Both are given careful instructions not to discuss their list or the assignment with their partner during the week. Third session, each partner discusses the results of the previous assignment.

The final change technique used in Integrative Behavioral Couple Therapy is communication training and conflict resolution. Jacobson and Gurman (1995) propose there is a difference between arguments and communication problem solving training (p. 52). Arguments are a "competitive struggle between the two partners, characterized by attack and defense, and communication problem solving training is a collaborative effort to solve problems" (Jacobson & Gurman, 1995, p. 52). The IBCT teaches couples how to become better listeners, as well as how to express themselves more directly and in ways less likely to generate defensiveness in the partner and as a "it helps the couple unite and get closer" (p. 52).

Integrative Behavioral Couple Therapy is the new approach to helping couples promote acceptance and change while experiencing distress in their relationship. The

therapeutic model is forging a new path among a long line of other effective therapies. The use of IBCT has and will continue to be a therapeutic model that will bring long lasting and long-term restoration to a couple in need of restored intimacy, compassion, and unification. The therapeutic model paves a way for couples to be able to accept their partner's traits and behaviors that often leads to compassion and when partners learn to use compassion in dealing with one another, they tend to become more willing to let go of conflict and even change the troubling behavior (Brody, 2000, How it Works section, para. 1). The changes that occur in the relationship will yield to a restoration of the couple's once hopeless relationship to one of harmony and peace.

Conclusion

God divinely designed a family. However, the society, the culture, and the environment have affected the design. Due to the various factors that affect the family, the integration of a variety of therapies can provide more support to the wide range of problems that family members might experience. Marriage and family therapy is successful through the multimodal, evidence-based approaches to working with families. The approaches include Family Systems Theory, Cognitive Behavioral Therapy and Integrative Behavioral Couple Therapy. The combination of approaches views family issues as a multifaceted mixture of systemic, cognition, emotional, and behavioral factors. Using Cognitive Behavioral Therapy as the anchor, the therapist can develop client goals and a treatment plan with an integration of Family Systems Theory and Integrative Behavioral Couple Therapy. Each theory or therapy has its own distinct and eclectic strategy, but pooled together, they are majorly effective in the healing process of a family. The ability to pull from Family Systems Theory, Cognitive Behavioral Therapy

and Integrative Behavioral Couple Therapy provides the therapist the freedom to be more

objective. The therapist's adaptation to effective treatment and intervention is beneficial

to the overall functioning of the family.

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CHAPTER TWO

The Family: Reconstructing the Wall

Francis Schaeffer (1976) suggests "if one begins with the Bible's position that a person is created by God and created in the image of God, there is a basis for that person's dignity: People, the Bible teaches, are made in the image of God, they are non-programmed. Each is thus man with dignity" (p. 86). The western culture is bombarded with ideologies and worldviews about how to live as a family within the context of marriage and family. The societal ideologies have neglected the biblical view of marriage and family and have focused on the psychological and social aspects. As stated by Kostenberger and Jones (2004):

> What until now has been considered a 'normal' family, made up of a father, a mother, and a number of children, has in recent years increasingly begun to be viewed as one among several options, which can no longer claim to be the only or even superior form of ordering human relationships. The Judeo-Christian view of marriage and the family with its roots in the Hebrew Scriptures has to a certain extent been replaced with a set of values that prizes human rights, self-fulfillment, and pragmatic utility on an individual and societal level. It can rightly be said that marriage and family are institutions under seige in our world today, and that with marriage and the family, our very civilization is in crisis. (p. 74).

Therefore, in order to escape the grasp of societal influence on marriage and family, a theological and biblical anthropological foundation has to be reconstructed and restored.

The reconstruction and restoration of biblical and theological views of marriage and family are set in motion by studying Creation and the Fall. Although scripture has

been used over the years to facilitate a definitive understanding of marriage and family, there has been difficulty in providing a sound scriptural definition.   Balswick and Balswick (1999) compares the use of scripture to define marriage and family to "strip mining" (p. 17).   In their comparison, the Balswicks (1999) argue that the "method of selecting certain verses to [define] family, ignores the historical and cultural context, tears into the veins of Scripture, throws the unwanted elements aside, and emerges with selected golden nuggets of truth. Too often, searching for God's truth about family ends up with truth that conforms to the preconceived ideas of the miner doing the stripping" (p.17). Thus, creating problems about the Biblical affirmation of family. The Bible does not provide a definition of marriage and family but it does state intent and purpose. Therefore, it is necessary to define marriage and family in an integrative manner, based upon a content and contextual perspective.

The perspective derives from an indepth study of six principles set forth in the Old and New Testaments as they relate to God's relationship with His children of Israel and Jesus' (the groom) relationship with the church (the bride). The first two principles deal with the Creation [of Marriage] and the Fall of humanity. Creation and the Fall set the foundation in providing a blueprint on reconstructing a biblical theology of marriage and family. The remaining four principles: covenant, grace, truth, and intimacy were provided by God for the relational purpose of restoration and redemption. The utilization of the aforementioned six principles will produce a transcendental solution to the disintegration of marriage and family.

The Creation of Marriage

The biblical anthropological view of family is centered in "Imago Dei" (Image of God). All humankind was created in the image of God and was created for divine purpose and meaning. "Then God said, 'Let us make humankind in our image, according to our likeness" (Genesis 1:26). God created male and female in His image but also for relationships with Him and each other. After that, in Genesis 2:22-24 "God established the family when He joined Adam and Eve in marriage and instituted their relationship as a life-long covenant and commitment to God and to each other" (Rekers, Grimstead & Beisner, 1999, p. 6). In verse 24 the foundational stone for buiding a theology of marriage and family was set in motion. The integrative view of marriage and family was created by God and is not to be defined by an institution or as an institution. Rather, it originated at the beginning of Creation, thus providing a covenantal understanding.

It was God's ordination that after the creation of Adam and Eve they would be submissive to His plan and be fruitful and multiply (Genesis 1:27, 28). Therefore, a workable Biblical definition of family is "the nuclear family of a heterosexual married couple with its natural and adopted children, together with family branches consisting of all nuclear families descended from common ancestors" (p. 6). Cloud and Townsend (1999) quoted Frederick Buechner by stating, "A marriage made in Heaven is one where a man and a woman become more richly themselves together than the chances are either of them could ever have managed to become alone" (p. 87).

The Creation narrative provides a pattern for building the foundation of marriage and family. Therefore, the beginning of relationships initiates with God, thus, making all humankind dependent on God. Although humankind was created to be dependent on

God and to be one with Him, the creation narrative also provides the perspective of separateness. Yarhouse and Sells (2017) imply "also implicit in the notion of being made by God is an understanding that not only are we created by God and dependent on God but that we are thus distinct from God" (p. 10). In others words, the separateness mankind experiences with God is the same separateness experienced in marriages and families. Although God's design for marriage is for husband and wife to become one, He does not mean for either person to lose his or her identity. Even as children are born into the family, the concept of separateness and distinctiveness is also present. The family will form an identity but each family member will maintain a level of healthy boundaries.

Even though the Creation story set the foundation for the first relationship of humankind, it was later affected by the Fall. It has been said that "all good things must come to an end" and the harmonious and perfect relationship between God and humankind and husband and wife was forever tarnished by the Fall.

The Fall

The structure of marriage and family was developed during the Creation. All humankind was made in the Image of God and was predestined to have a purposeful and meaningful life. However, due to the fall of humanity, as written in the Word of God, sin entered into the world and created a chasm between having a purposeful and meaningful life to one of conflict and anxiety. As a result, humankind has been fighting this conflict for over two thousand years. The entrance of sin has profoundly impacted relationships with God and with each other. Erickson (2015) asserts, "the effects of sin are both far-reaching and long-lasting" (p. 212). After sin entered into the world, it certainly affected the family and all involved relationships.

The connection between the Fall and marriage and family is inclusive of the consequences of sin. Erickson (2015) asserts the consequences of sin affected three different relationships: relationship with God, relationship with the sinner and relationships with other human beings. Sin impacted humankind's relationship with God by establishing divine disfavor, guilt and death (physical, spiritual and eternal) (pp. 211-216). The effects of sin on the sinner include enslavement, flight from reality, denial of sin, self-deceit, insensitivity, self-centeredness and restlessness.   Finally, the effects of sin in relationship to other humans include competition, inability to empathize, rejection of authority and the inability to love (Erickson, 2015, p. 220).

At the same time as the Fall affected humanity's relationship with God, self and others, the same effects permeated the foundation of marriage and family. Yarhouse and Sells (2017) suggest, "the effects of sin on the family can be seen in many ways. There are effects of other's sins on us. The incompleteness and sinfulness of others has an impact on us in our family relationships. There are also the effects of our own sin in our family relationships" (p. 13). As a result of sin, the function of marriage and family has been disrupted and distorted. Individuals in marriages and families cannot fully operate in the "image of God".   When sin entered into the world, the character of humankind displayed dishonesty, guilt, shame, and blame. Human interaction was affected from husband and wife to parent and child. Sin caused humankind to abandon truth, love, peace, freedom unity and fellowship.

God's love for His children provoked Him to provide a way of reconciliation and restoration in all relationships. "The Bible teaches that God desires all humankind to be in relationship with the Creator as well as in relationship with one another. We

recognize; however, that although we are created in the image of God, we are fallen creatures who will fail in all aspects of relationship with God and others" (Balswick & Balswick, 1999, p. 77). Despite the effects of sin on marriage and family, God's initial creational intent was not destroyed. God's original plan for marriages and families "to be fruitful and mulitply" was restored. His relational restoration through His son Jesus Christ provides a way for the resurrection of marriages and families. The restorative and growth elements of marriages and families are covenant, grace, truth and intimacy. Each element builds upon the foundational structures: Creation and the Fall. A close examination of each element will guide the process of change within familial relationships. The process of change can either be one of growth or death. Therefore, each element will provide marriages and families who are in crisis avenues on how to develop and restore God's original plan.

Covenant

Although Christians have difficulty embracing the Fall as an act of God, it is vital to view it from a Godly perspective. The positive effect of the Fall is that it afforded God the opportunity to restore relationships, especially marriages and families, to their rightful position. The entrance of sin created a chasm between God and man, husband and wife, parents and children and brothers and sisters. Although all of humanity was affected, the love of God had already created a process for restoration. The first step in the process of restoring relationship is through covenant. In the Old Testament God established a covenant with Noah and Abraham (Genesis 6:22 and Genesis 17:1-7). God's covenant was "not contractual; that is, it was not based upon either Noah's or Abraham's keeping

his end of the bargain; it was an everlasting covenant; it was unconditional and it included more than just two individuals (Balswick & Balswick, 1999, pp. 22-23).

Therefore, in restoring the theological base of marriage and family covenant is the core building block, thus becoming its root system. Covenant provides the relatedness and love which are needed for restoration of families in crisis. For that reason, a covenantal love relationship is an "arrangement made by one party [God] which the other party [His Children] involved can accept or reject but cannot alter" (Stanley,1996, p. 359). When applied to families, "it is covenant love that provides the basis for family. For this reason, family means much more than consanguity, where blood ties provide the basis for belonging. Family is where you are loved unconditionally, and where you can count on that love even when you least deserve it" (Balswick & Balswick,1999, p. 19). God's familial relationship in the Old Testament is a "depiction of God's sovereignty, God's judgment, God's mercy and, ultimately, God's faithfulness to the family with whom he made a covenant or promise" (Yarhouse & Sells, 2017, p. 9).

God's faithhfulness and love for restoration of relationships re-established an ecosystem that was designed to be bring health and effectiveness to the world. For instance, if marriages and families were to remain covenanted together there would be a decline in juvenile deliquency, crimes and other societal issues. Rod James (2010) proposes that the outcomes of covenant relationships are "lifelong marriages, stable families, children raised in covenant security, trusting and trustworthy communities and strong and blessed nations" (The Outcomes of Covenantal Relationships section, para. 1). On the other hand, if relationships are not based on covenants but are based on contractual agreements then the outcomes are "short-term disposable relationships;

marriage breakdown, family disintegration, sexually transmitted diseases, children raised in broken homes and the breakdown of community and national life" (James, 2010, A Humanist Understanding section, para. 6).   The aforesaid outcomes are a reality that is being lived in today's world however, as marriages and families undergo crisis it is of utmost importnce to provide a clear and concise understanding of covenant love. Redemption and restoration of marriage and family begins with the understanding that "family life based upon covenant leads to an atmosphere of grace and forgiveness" (Balswick & Balswick, 1999, p. 26).

Grace

The establishment of covenant in relationships creates an atmosphere of unconditional love. An extension of unconditional love in relationships is grace. As described by Cloud (1992), grace is nothing more than "unconditional love and acceptance" (p. 18). Unconditional love and acceptance give families the opportunity to forgive and be forgiven. Grace embraces all genres of suffering and as a result promotes growth. Grace's use in marriages and families can provide everyone with a sense of acceptance and belonging. Gary and Barbara Rosberg (2012) purport the "four elements of grace-based marriages: accept differences; be vulnerable; allow mistakes and tell the truth" (para. 1).   Accepting each other's differences in a marriage allows forgiveness to occur at a faster rate. Although, God created male and female, He also created them with unique differences. The differences between husband and wife can be viewed as the individuals complementing one another. For restoration and reconciliation to occur homes must be filled with grace. The next element, be vulnerable, allows both spouses to "take off their masks, own up to hurts and take responsibility for hurtful actions or

attitudes" (Rosberg, 2012, para. 2). In being vulnerable, couples experience grace by allowing each other to make mistakes. Marital conflicts can be created because spouses expect perfection. However, in a grace-based marriage, spouses can have occasional accidents.   Occasional accidents allow the couple to practice forgiveness and unconditional love, which will deepen the relationship. Finally, a grace-based marriage promotes an atmosphere of truth.

Truth

Truth is a continuation of helping clients grow into a life of healthiness. Truth introduces the client to facing reality in areas of their brokenness. Once truth is revealed, using unconditional love, the client is free to acknowledge brokenness and move towards healing. In contrast, postmodernists do not view truth as an important concept in relation to humanity. Postmodernists "act without a foundation in truth" (McCallum,1996, p. 14). As a result of death of truth, people "do not know why they do what they do or why they believe what they believe" (p.14). Therefore, as a therapist a goal is to enable the clients to acknowledge the truth that surrounds their issues. Thus, they are catapulted into a reformation of their frame of reference into one of healing and health.

Henry Cloud (1992) state, "grace and truth are a healing combination because they deal directly with one of the main barriers to all growth: guilt"(p. 28). They continue by writing, "We have emotional difficulties because we have been injured (someone has sinned aguainst us), or we have rebelled (we have sinned), or some combination of the two. As a result, like Adam and Eve, we feel guilty" (p. 28). Grace and truth are interventions that when used together will lead a family from relationships of brokenness to wholeness. Grace united with truth will lead family members from feeling rejected and

alone to one of acceptance. Once the client believes he/she is accepted despite his or her own worldview, he/she will be willing to receive truth. As a therapist, whose theoretical choice is Cognitive Behavioral Therapy, it is the author's intent is to create an atmosphere of unconditional acceptance and grace as the first step in gaining the client's trust. Then she can incorporate truth, which can be used to help clients move from irrational beliefs and erroneous thought patterns to rational beliefs and constructive thought patterns. Once truth has been revealed the client is enabled to move toward a life of growth and intimacy.

Intimacy

Dr. Larry Crabb (1977) takes the position that "the fundamental dynamic behind whatever spiritual growth has occurred has been a profound sense of God's unconditional love and acceptance" (p. 43). This unconditional love and acceptance, which God gives to humankind, provide the backdrop for the spiritual foundation of intimacy in marriage.

God's relationship with humans is one of intimate bonding…. all human intimacies are 'rehearsals' for the ultimate reunion of humans with their Creator Stated inversely, we might say that all humans are bonding beings, such that their yearning for intimacy is an internal magnet which draws them, often unwittingly, toward God, for whose intimate relationship they are created" (Joy, 1997 p. ix).

Human intimacy is based upon God's relationship with humankind. God created humans to be relational beings which had designed us to seek relationship with God first and secondly with others. However, due to the Fall, humans have replaced unadulterated intimacy with a pursuit of sexual pleasure. To redeem and restore marriages it is important to understand intimacy from a Biblical perspective. In Genesis 1:26-28, God's

design for intimacy can be seen from three truths. (1) God is relational and exists in intimate relationship within his own divine being. (2) our specific gender as male or female flows out of our creation in God's image. Our gender as male or female gives us the capacity and longing for intimate relationships. (3) marriage gives us a unique (but not the only) matrix in which to express godlike intimacy, for it provides one of the most intimate types of human interaction (sexual intercourse) which in turns results in one of the most godlike activities-the creation of life in the very image of God (Spencer, 2009, p. 137). Godly intimacy is not based upon sexual intercourse, it is an in-depth relationship which first focuses on individual spiritual development and growth which then gives each partner "the supernatural desire and ability to love the other" (Spencer, 2009, p. 139).

The understanding of marriage and family occurs through viewing marriage from the perspective of a love relationship between Jesus and the church. Marriage is not an institution it is a love relationship. God can only prearrange marriages for his glorification. As part of God's healing process concerning the marital and familial system, every aspect of marriage is for Kingdom purposes. In fulfilling the **purpose** for marriage, a husband and wife are to always **P**ray together; **U**nderstand each other; **R**espect each other; **P**oint each other towards their destiny; **O**penly communicate with each other; be **S**ensitive to each other's feelings and **E**mpathize with each other's pain. It is through God's love for His children that He has a **purpose** for all marriages.

Conclusion

As marriages and families experience crises, it is important to note that as we understand the origination of the crisis it would be helpful to understand the origination of marriage and family through Creation, followed by the sin that was created because of the Fall. A deeper understanding of marriage and family based upon God's original plan, the Fall of humanity will provide the foundation for restoration, and redemption can be regained through covenant, grace, truth and intimacy. The integrative use of covenant, grace, truth and intimacy will help couples and family members acknowledge their brokenness and then accept therapeutic interventions in developing towards wholeness and maturation. According to Francis Schaeffer (1976),

> People have presuppositions, and they will live more consistently based on these presuppositions than even they themselves may realize. By presuppositions, we mean the basic way an individual looks at life, his basic world-view, the grid through which he sees the world. People's presuppositions lay a grid for all they bring forth into the external world. Their presuppositions also provide the basis for their values and therefore the basis for their decisions (p. 19).

CHAPTER THREE

The Family: A Literary Pathway

Marriages and families were created as a pathway to provide an example of structural order and organization for a society. Although marriages and families were the original example of systems, scientists, organization strategists and other professionals neglected to use the structure as an example.   Created in the beginning of time, all other systems used their structure as a model. However, society moved away from the originally designed system and began to look for answers from a world with limited solutions.

In his book, *The Fifth Discipline: The Art of Practice of The Learning Organization* (1990), Peter Senge provides a framework on systems thinking along with four additional disciplines: personal mastery, mental models, building shared vision and team learning. He describes how to incorporate five disciplines to help shift organizational restructuring. Senge (1990) defines systems thinking "as the process of understanding how things, regarded as systems, influence one another within a whole" (p. 69). Although Senge's book does not specifically discuss marriage and family, it does lay out similarities between families as systems and organizations as systems. In families, systems consist of people who work together to make a marriage and family healthy or unhealthy. The *Fifth Discipline* discusses systems thinking processes to help businesses convert from companies into learning organizations. Likewise, the same approach is used by marriage and family therapists in helping to restructure families.

Since approaching family with a system thinking model as a frame of reference, Dorothy Becvar and Raphael Becvar's information written in their book *Systems Theory*

and Family Therapy: A Primer 2ⁿᵈ ed. (1998), provided an in depth look at systems

theory and its application in family therapy. The systems perspective constructed by

Becvar and Becvar challenged the writer to develop her own foundational ideas and

thoughts about systems and how to integrate them into family counseling. After having

studied the theoretical foundation of family therapy as outlined by the Becvars, moving

from individualistic thinking to systemic thinking as it related to family counseling was

an easier transition. The new paradigm of systems theory enables new family therapists to

counsel not from a linear perspective but from a systematic circular perspective. Becvar

& Becvar's (1998) perspective on systems theory is described as "an invention which is

used to describe regularities or redundant patterns we observe between people and other

phenomena. Thus, systems exist in the eye of the beholder, only as we give them

existence by observing regularities or patterns" (p. 5). Based upon that description,

systems theory can only be defined as "merely a map, or story, and does not necessarily

describe the territory or reality" (p. 5). However, being able to view marriages and

families from a systemic perspective affords the opportunity to comprehend problems

beyond one relational angle. As stated by Becvar and Becvar (1998), "the systems

perspective, therefore, moves us away from linear cause-effect thinking, i.e., that A

influences B but B does not influence A. With a systems perspective we are moved to a

reciprocal or circular motion of causality" (p. 7).

 Some of the central concepts of systems theory that helped guide the writer's

counseling techniques included boundaries, communication/information processing,

relationship, and wholeness. Boundaries, "in the family system are defined by the

redundant patterns of behavior which characterize the relationships within that system

and by those values which are sufficiently distinct as to give a family its particular

identity" (p. 15). Boundaries can be either opened or closed which controls the flow of

the amount of information allowed or exited from the family system.

The second central concept is communication/information processing. In family

systems, there are three levels of communication that have been identified: verbal, non-

verbal, and context. Each level of communication affects and/or defines the "nature of

relationship in a family system" (p. 16). Communication in any system is the life of that

relationship, if there is lack of communication then a relationship will not survive.

However, as families experience open and honest communication they are most likely to

survive through a crisis.

Relationships are comprised of two or more people. "The concept of relationship,

therefore, refers to the rules which define its uniqueness or to that which we infer when

we observe members of a system exchanging redundant patterns of behavior with one

another" (p. 28). Relationships in a family system are governed by rules on how one

family member interacts with the other.

According to Becvar and Becvar (1998), when two people relate together they are

interdependent on one another; they are "a whole which is greater than the sums of the

parts" (p. 31). A family must be viewed as a whole and each individual act or interacts

within the familial unit.

The Family Crucible, by Napier and Whitaker (1988), disposes some essential

concepts of family systems therapy. Although the book reads like a novel, the family

case study projects the central themes that occur in family therapy. In one of the case

studies, the therapist examines the interactional relationships between each family

member.   At the end of all the examination, the therapist concludes that the couple's

marriage is the one that needs to be treated for the rest of the family issues to be resolved.

Although this book was printed in 1988, the writer found it very insightful in its

presentation of family systems approach. It provided a clear and precise way to use

family systems therapy to help solve family problems. Although the book dealt with one

family, it offered different familial dysfunctional patterns: scapegoating, lack of

autonomy and paralyzing fear, acute interpersonal stress, and escalation of conflicts. In

working with students with behavioral problems this information was found to be timely

in its description of the family therapy process in dealing with adolescents who have

anger problems. The Brice family's story was similar to the families the author saw in

counseling. Some additional family dynamics that were identified included fusion,

triangles, individual and family life cycle stages, family-of-origin themes, polarization,

reciprocity, blaming, and the hierarchy and characteristics of living systems (Napier &

Whitaker, 1988, pp. 86-87).

Co-therapy is another therapeutic technique that was used by Napier and

Whitaker. The co-therapy technique provided insight in how to conduct therapy with a

marriage concept. In *The Family Crucible*, for example, the authors use the power of two

to create rigidity in the therapeutic process. The therapists used a here and now approach

to keep the family focused on current issues and not allow them opportunity to divert

from dealing with the reality of the problems that existed in the family.

The final impression the book had on the writer's ideology as a therapist was the

consistent emphasis on the self-development of therapists. For therapy to be successful,

the therapist must undergo constant self-development. Throughout the book, the two

therapists exemplified strength and courage to be themselves and to act as change agents. They even encouraged family members to become in touch with themselves as they moved through the therapeutic process. The submersion of themselves in the therapeutic process allows the family to see the therapists as involved in their family. The family members can identify with the therapist and not think that the therapist is only an expert who is interested in curing them. Napier and Whitaker (1988) state, "therapy for the therapist is crucial, experiential training is essential for the therapist who would provide his/her clients with experiential treatment" (p.189).

In *The Family Crucible* (1988), Napier and Whitaker also dispelled a common theme that brings many families to therapy. The theme that problems exist because of the children or the child however, upon further probing the therapist usually can identify as being a result of structural imbalances within the familial system. The discovery leads the therapist to be able to help the family begin to deal with the marital issues that exist between the couple and some family of origin issues. The grandparents are included to provide a history of family of origin issues. The inclusion of the grandparents in therapy provided a tool that the writer could use in a genogram. It showed the importance of constructing genograms in family therapy.

The use of genograms in marriage and family therapy is outlined in *Genograms: Assessment and Intervention* by Monica McGoldrick, Randy Gerson and Sylvia Shellenberger (1999). "Genograms are used as a standard method and a graphic way of organizing the mass of information gathered during a family assessment and finding patterns in the family system" (McGoldrick, Gerson & Shellenberger, 1999, p. 2). The content of the writings provides and describes a general method for constructing a

genogram. Theoretically, this book provides a methodical way of constructing a physical and pictorial view of key problems that could have become different types of hindrances in a person's family of origin.

The understanding of a systems approach to family is enhanced by the writings in *Integrating Family Therapy Handbook of Family Psychology and Systems Theory* by Mikesell, R.H., Lusterman, D. and McDaniel, S.H. (1995). The authors take a comprehensive approach to illustrate a systems approach to family therapy. Although this book is large, it is packed with a plethora of small topics that explored and discussed systemic ways to help families create change. Interestingly, these topics have one major theme: integration. It provided a solid look at how to integrate family with various systems, such as, school, work, and medical. One of the most effective parts of the book was the section on the integration of the family with school. In dealing with families, it is imperative to include other caregivers who influence the lives of the children. The two other topics of discussion in the book that were most transformational in shaping the writer's implementation of family therapy were *The Family Cycle and The Circumplex Model of Family Systems*. In Chapter 5, Randy Gerson describes the developmental process of the life cycle of a family. His description of the family life cycle and its developmental process includes six distinct stages and three distinct phases of growth. The six stages of the family life cycle are unattached young adult, family formation through coupling; family with young children; family with adolescents; launching children and moving on and family in later life (Gerson, 1995, p. 92). The three distinct phases of growth are coupling, expansion and contraction. As family's transition from one distinct phase to the next in the life cycle, each phase undergoes a transitional

developmental stage. In the coupling phase, pre-reproduction occurs between two

unattached young adults.   For a new family to begin there must be a time where two

strong and secure people come together relationally.   During this stage, the young adults

face two challenges: emotional and relational. The emotional challenge for the young

adult is to "develop a strong and secure sense of self" (Gerson, 1995, p. 96). The

relational challenge is "differentiation from one's family of origin" (Gerson, 1995, p. 96).

A family systems perspective sees marriage as more than "just the union of two people

who love each other. It is the merger of two family branches to create a new family unit

that will perpetuate many of the antecedent patterns and tradition" (Gerson, 1995, p. 97).

After two people become a couple, then the next step is to establish stability in the

relationship that defines them as being in a committed relationship. Being in a

committed relationship challenges the couple to develop ways to have healthy

boundaries, understand each other's different needs and be loyal to members in their

family of origin while maintaining a balanced relationship.

After becoming a couple, the next step in the family life cycle is expansion.

Expansion occurs with the addition of children, by birth, adoption or extended family i.e.

stepchildren. The additional child (ren) may create a strain on the family, which causes

the family to have to make major adjustments. Parenting could create tension and

feelings of being overburdened. As stated by Gerson (1995), "initially, there is a strong

boundary around the family. The parents are protective of the children and monitor

carefully their contact with those outside the family. As the expansion continues, the

children begin to interact increasingly outside the immediate family unit" (p. 98). The

problem that occurs in this phase is for the "parents to balance the children's need for

continued support with the development of autonomy and self-reliance" (Gerson, 1995, p. 98). In other words, parents should find a way to permit children to experience liberally their surrounding yet being able to provide discipline and protection as needed. Parents during this stage must learn to let go of their child's hand slowly and gently.

As the children grow and develop into adolescents the exploration of the external world broadens. "Adolescence is a time for children to prepare to leave the family. At the same time, the parents must prepare for contractions in their individual needs and needs as a couple for the first time in many years" (Gerson, 1995, p. 98). The preparation and launching of the children and the rediscovering of the coupling relationship is the hardest transition during this cycle as children move on. Parents reach retirement age, and then they finally die.

The contraction stage is a time where the family decreases in size both from the launching of the children and death of parents. This stage in the life cycle is emotionally challenging due to the potential loss from the children leaving home to the death of the parents. Families must develop ways to deal with the disruption. In dealing with any type of loss, it is important to face life with a sense of hope rather than a sense of despair.

The life cycle of a family can become stuck if a crisis is experienced and the family has not developed effective ways to deal with the challenges. In addition, depending on how intact the family is during a crisis will determine its response. The cohesiveness determines the bonding and closeness within in a family. Therefore, if a family is disengaged or separated then the crisis will not be dealt with from a holistic perspective. If the family is too close or enmeshed, an objective response will be over

looked. However, if the family is healthily connected, then the response to the crisis will be beneficial to each member.

The other two dimensions that affect how families will respond to crises are flexibility/adaptability and communication. Flexibility in a family's leadership, role relationships and relationship rules (Gerson, 1995, p. 104) determine the response to the changes and challenges within the family. The final dimension is communication. If a family has developed a high level of listening and speaking skills, then dealing with a crisis will not be extremely difficult. Systemically, the way families respond to the challenges that are experienced will depend mainly on how they have learned to cope with each other.

Therefore, Balswick and Balswick (1999), in their book *The Family: A Christian Perspective on the Contemporary Home* provides an extensive representation of the dynamics that impact marriage and family. The Balswicks discussed various issues that could cause crises in a family, ranging from marriage to sexuality.   In developing a biblical and theological marital foundation, the Balswicks focused on four important terms: intimacy, grace, covenant, and empowering.

In the fighting fair chapter, the Balswicks give ten ways to fight in a manner that is assertive and loving. This chapter provided phenomenal insight on how to be angry without committing a sin. Couples have a difficult time with understanding how to disagree and experience conflict but remain in a covenantal healthy relationship. As outlined by the Balswicks (1999), the "Rules for a Fair Fight" (p. 259) are evolutionary. The identified rules are identify the issue, choose the right time, choose the right place, begin with a positive stroke, stick to the issue, do not bring up the past, do not hit below

the belt, take the other seriously, express anger non-abusively, do not play games, do not be passively aggressive, avoid asking for explanations of behavior, avoid labeling and name calling and avoid triangles (Balswick & Balswick, 1999, p. 259). It is important for families to learn how to resolve conflict and manage stress in a balanced and effective manner.

Social dynamics in family life provide therapists with a better understanding of how to deal with families when they enter counseling under stress. A stress-induced crisis can be defined as "an upset in the regular routine in the family" (Balswick & Balswick, 1999, p. 292). Families must learn to adapt to the stresses that they encounter in their relationships. Therefore, Balswick and Balswick provide a model for understanding family stress. The couple uses information provided by Reuben Hill (1949) on how to effectively analyze stress, according to the Balswicks (1999) three factors must be considered: 1) the stressful event itself, 2) the resources or strengths which a family possesses at the time the event occurs, and 3) the family's perception of the event (pp. 292-293).

Depending on how the family is equipped to answer and respond to the following factors determines how they will respond to the stress. When families do not effectively respond to stressful situations or events, they can become destructive. Therefore, an increase in healthy coping and problem-solving skills will be beneficial as the family responds to stress. Their response to stress will go through five stages of recovery: 1) denial 2) anger 3) bargaining 4) depression and 5) acceptance (Balswick & Balswick, 1999, p. 306). Stress is like death and requires the same stages of recovery to recover and regain stability. It takes a strong family to overcome the destructive patterns of stress.

However, Christians have been equipped to deal with stress and its' functions. Balswick and Balswick (1999) suggests "it is essential, then, in periods of adversity to choose a direction which, with God's help, will lead to deeper levels of intimacy, commitment, forgiveness, and empowering" (p. 306).

In order to successfully deal with different types of stress in families, spirituality has become the forerunner. In 2009, Froma Walsh wrote *Spiritual Resources in Family Therapy*, a masterpiece that provides an integrative understanding of family therapy and spirituality. According to Walsh (2009), "those who regard religion as the most important influence in their lives and receive a great deal of comfort from their faith are far more likely to feel close to their families, to find their jobs fulfilling and to be hopeful about the future" (p.5). Spirituality is a driving force in healthy familial relationships. Systemically, spirituality influences the family through "meaningful spiritual beliefs and practices" (Walsh, 2009, p. 6).

As families have turned away from spirituality, relationships and marriages have become disrupted. The disruption has wounded the health of the relationships between husband and wife and among parents and children. Since spirituality is regarded as a driving force in healthy marital and familial relationships, during a crisis or conflict spirituality plays an important role in re-establishing harmony. In family relationships, Walsh (2009) purports "love sustains people's lives, infuses them with meaning, and supports faith in overcoming adversity" (p. 35). Therefore, spiritual connectedness and healthy family systems are interconnected. Primarily, spirituality can be crucial in helping families through the process of healing and change.

The process of healing and change can be difficult to navigate therefore, one piece of literature has proven to be helpful. Henry Cloud's book, *Changes that Heal: How to Understand Your Past to Ensure a Healthier Future*, provides a framework on how to heal in a successful manner. Cloud provides an effective and balanced approach to healing and change by using three key elements: grace, truth, and time. Cloud's thorough explanation of grace and truth helped the writer to form a foundation base for an effective therapeutic model. He teaches that when there is too much grace or unconditional love and acceptance therapists tend to neglect exposing truth to a therapeutic situation. Likewise, when there is too much truth therapists become legalistic and neglects to show acceptance towards people who need healing. Such neglect could violate the ethics of counseling from the client's worldview. To establish some healthy therapeutic environment therapists should establish a balance between grace and truth. The balance of grace and truth will help therapists conduct professional and ethical therapeutic sessions

Considering Christian faith and practice it is important to understand ethical issues that we are to adhere. Facing complex dilemmas as a therapist can be cumbersome, however, Sanders in his book, *Christian Counseling Ethics: A Handbook for Therapists, Pastors and Counselors*, provides guidelines in helping to ease some of those conflicts. Sanders' compilation of state and federal codes, professional association statements and denominational guidelines have proven to be effective in helping young therapists understand the right and wrongs of Christian Counseling. As a Christian therapist, it can be difficult sometimes to determine how to counsel in a postmodern society and how far can we go. Sanders has provided us with a resource that will help us

apply Christian ethics in Christian counseling today. Sanders provides these guidelines in the areas of competency, confidentiality, multiple relationships, public statements, third parties and documentation. Sanders information is proving to be of great necessity as this counselor serves as a co-developer of our Counseling Center at the writer's church. His information is guiding us on how to integrate Christian Counseling and Psychology, resulting in the continual development of effective marriage and family therapy.

CHAPTER FOUR

The Family: Meet the Browns

A Case Study

In the Bible, the prophet Nehemiah is known for his walk of faith and discipline in prayer. His tactics and acts of obedience led to some reasonably remarkable accomplishments during his time. One remarkable accomplishment was the task of rebuilding the wall around Jerusalem as well as restoring the people to a right relationship with God. The city of Jerusalem and the people were experiencing a crisis. It was during this time Nehemiah had to listen to God for some crisis intervention strategies to help rebuild and restore the land.

In comparison, the family whose counseling is the basis of this study was also experiencing a crisis. Likewise, I had to use crisis intervention strategies to help rebuild and restore the marriage. The intervention strategies were a six-step model of crisis intervention, which I found to be similar to the model outlined by Gilliland and James (1997), in their book *Crisis Intervention Strategies*. Beginning with the assessment, I had the opportunity to use this six-step model of crisis intervention in helping to guide the counseling sessions. The assessment process consisted of two primary components: listening and acting. Broken down, the six-step model of crisis intervention used in the reconstruction of the marital wall and restoration of the Brown family was: defining the problem, ensuring client safety, providing support, examining alternatives, making plans and obtaining commitment.

The Couple's Assessment Process

The assessment process for the Brown family was divided into two parts: listening and acting. In the listening portion of the assessment process, I focused on "attending, observing, understanding, and responding with empathy, respect, acceptance, non-judgment and caring" (Gilliland and & James, 1997, p. 43) for the couple and their family. During the assessment sessions, I defined the problem, ensured client safety and provided support to the family. The reconstruction of the Brown's marital wall began through listening to the couple's concerns and being attentive to what was going on from their point of view. While actively listening, I had to ask probing open-ended questions and attend to their verbal and nonverbal cues. Next, I ensured their safety by assessing if there were any immediate issues regarding abuse, including physical, sexual, alcohol and/or drug. Finally, during the assessment process, I provided the family with support, through explanation of my role and demonstration of my care and acceptance of them and their problem.

Defining the problem. The first step in reconstructing the marital wall was to help the couple define the problem. The Brown family was aware that they had a problem in their marriage but was not able to define the specifications. Therefore, as their therapist I began the process of helping the young couple relieve some of their distress by identifying with their family and their needs. As their therapist, we spent time carefully probing and examining the unintended damage that had been done to their marriage. This probing allowed us to examine the gaping marital wounds, gather facts, organize plans and find ways to motivate the couple toward becoming a unit of love and

cohesiveness. As their therapist, I identified with my couple and made a commitment to help them rebuild the wall to help them protect their marriage and family.

Ensuring client safety.   During the marital reconstruction process, the client's safety had to be confirmed by the therapist. After ensuring there were no immediate threats of any type of abuse, I reassured the couple that during counseling they were going to endure opposition and ridicule. I encouraged them to develop a time of prayer so that they would be able to rally against the adversary who would try to destroy their marriage both physically and internally.   The couple was encouraged to know that they would experience discouragement and moments where their progress would appear as if it were at a standstill.

Emotionally, the couple had to be prepared to stand firm, especially when confronted with situations where they would want to bring their work to a standstill. I explained to the couple they would become exhausted and overwhelmed by the circumstances which would eat away at their confidence that their marriage could be reconstructed. As I assessed the couple, I noticed their focus had shifted away from the Lord and to themselves. They were experiencing tough situations and found it hard to cope with the strain on their marriage. After confronting the source of the problem, we began making constructive communication, emotional and behavioral changes to help them remain focused on the task of rebuilding their marriage.

Providing support.   The third step in the assessment portion was to provide support to family. It was important to help the couple feel accepted and cared for in an unconditional manner. As their therapist, I expressed genuine compassion and personal concern about their marital problems. Like the prophet Nehemiah, after the family left,

"…. I sat down and prayed before the God of heaven" (Nehemiah 2:4). Then I

committed myself to the work of rebuilding their marriage. Above all else, as their

therapist, I took time to pray for the couple and their family and about the problems they

faced.

After listening to the family's problems, ensuring their safety and providing them

with support, the therapist of necessity had to move the family into action. The process

of reconstructing the marital wall needed active participation from the family with the

help of the therapist. Therefore, the next phase of the assessment process consisted of

examining alternatives, making plans, and then obtaining a commitment from the family.

Examining alternatives. The fourth step in crisis intervention allowed the couple to

examine his/her options. This step provides a great deal of help for couples who may feel

hopelessly stuck in their situations. The Brown family was in great distress and felt

hopelessly stuck in their condition. As their therapist, I could present an option to rebuild

so that they would no longer be a reproach. I simply suggested an acceptable alternative

to their present condition and gave an invitation to rebuild.

Making plans. The fifth step, making plans, leads to definite steps of action. As the

therapist for the Brown family, from the beginning I had been making plans. However,

for a plan to take action, the Brown family had to become part of the plan-making

process. Therefore, the Brown family and I began carefully developing a detailed plan

for reconstructing their marital wall. In making plans to rebuild their marital wall, we

also prepared a plan for a time when they would encounter internal and external

difficulties. Since the Brown family was Christian, we had to develop a plan that focused

on a balance of faith with work, prayer with precaution and trust with action.

Obtaining commitment.   Last, but not least, was the sixth step: obtaining commitment to the plan. This step was crucial for the Brown family as they were dealing with a crisis, especially if change was to be made. It was time for the Brown family to rise and rebuild their marital wall. As a result, the couple made a commitment to set their hand to rebuilding. Their actions would speak louder than their words to confirm the commitment they had made. The Brown family was determined to begin the work of rebuilding the wall of their marriage. We planned to meet for one year and then we made a commitment to do maintenance therapy for two years following our first year of intensive therapy with the couple and the family.

Overview of the Couple: Mark and Cassandra

Mark, 44 and Cassandra, 37 have been married for 11 years and have been together for 19. The couple has five children: Ariel, 19 and attends college, Adessa, 15, Alan, 14, Andy, 11, and Alice 3. Ariel is not Mark's biological daughter. Ariel is currently attending college and the four remaining children live at home with their parents.   None of the Brown children exhibits any type of behavioral problems and each is doing well in school. Mark is currently unemployed and has been unemployed for four years. Mark suffers from chronic back disorders however, he has not been labeled as disabled and is not contributing financially.   Cassandra works as a paraprofessional in the school system and is the sole financial provider for the household.   Because of Mark's lack of financial support, the family is currently experiencing major financial difficulties.

Mark is the last child of a family of fifteen and does not have strong relations with his family members. During his childhood Mark's first and only encounter with his

father was at the age of sixteen. Mark was conceived as the result of an extramarital affair.   His father is deceased and his communication with his mother is sporadic. Mark struggled with alcoholism from 1976 to 1995. Cassandra met Mark when she was 16 and endured his drinking problem for eleven years.   Every time a child was born, Mark would stop drinking for a brief period.   In May of 1995, Mark committed his life to Christ and has had 11 years of sobriety.

Cassandra also comes from a large family she is the sixth child in a family of seven.   Her mother and father were together, but not married, when she was born but later married three years after her birth.   Cassandra did not have a close relationship with her father. At the age of twelve, Cassandra's father and mother divorced. Cassandra's father was a Pastor however, he was unfaithful to her mother, and he would drink alcohol on occasion. Her mother was an avid beer drinker but was a great mother and wife. Cassandra was raped by a close family friend at the age of fourteen and began to become highly sexualized in her early teens. By the time she met Mark, she had had multiple sex partners. In January of 1995, Cassandra became a Christian and became totally committed to Christ.

Presenting Problem

The couple spoke to me in December of 2007 about a major communication barrier that has existed in the marriage for five years. Mark stated that he was frustrated about the lack of communication between him and his wife. He was having difficulties with being in a home and not feeling appreciated and loved. He has tried to speak with Cassandra, but the conversation ends in arguments followed by long periods of silence.

In 2000, Mark had an affair with an older female and did not tell Cassandra about the affair. However, Cassandra was informed about the affair from her older sister. After confronting Mark about the issue, he denied the accusation. In the summer of 2000, Cassandra went on a vacation for a month to sort through the situation. Upon returning home, Mark admitted that he had been unfaithful. However, Cassandra felt as if Mark was not remorseful or apologetic about his infidelity. Cassandra battled with the infidelity and became silent in her relationship with her husband however, she remained in the marriage.

In November of 2002, Mark left the home without informing Cassandra and the children. Cassandra thought he was leaving due to another affair. She became depressed and suicidal, but never sought professional help. Three weeks after the separation Cassandra found out she was pregnant. During the separation, Cassandra spent time praying and seeking answers from God. She became strong during the separation, and with the help of her family she was able to care for her children. In January 2003 after a two-month separation, Mark wanted to return home. Cassandra accepted his request and allowed him to return.

In 2004, Mark and Cassandra realized that they were drifting apart again. Mark became disabled from work due to back problems, and Cassandra had to become the sole provider. There were periods where they did not talk with each other for weeks. They spoke with their Pastor about the situation who gave them minimal advice. The Pastor told them that he knew what they were experiencing but did not offer sound counsel.

After speaking with Mark and Cassandra about their current situation, Cassandra stated she was having problems with accepting the fact that Mark never apologized for his infidelity.   Therefore, whenever they had sexual intercourse Cassandra felt uncomfortable and dirty. She even stated that sometimes she felt as if she was his prostitute.   She confided that she becomes withdrawn every time she thinks about his affair. She is also concerned about him not having a job and not being able to contribute financially.

Mark stated that all he wanted was to learn how to be a good father and husband. He shared that because he did not have a father figure he did not know how to be an effective husband and a father. He said he struggled with this feeling of inadequacy daily. Mark is angry and verbally takes it out on his wife and children. He wants to find a solution but feels as if he is beating a dead horse.

Profile of Mark

Mark was born on February 12, 1963 in a small poverty-stricken town in rural North Carolina. He was the last child of fifteen children. His mother birthed all her children out of wedlock and finally married when Mark was a baby. After the marriage Mark's mother moved the family to Texas. However, the experience was not enjoyable, and at the age of nine the family moved back to North Carolina. Mark never met his biological father, but at the age of sixteen he learned the name of his father and that he worked as a construction worker.   Ten years after finding out the identity of his father, Mark's father died from diabetic related illness. Mark also found out his father was an alcoholic.

Mark's family background impacted him tremendously. At the age of sixteen, he started drinking alcohol and continued his on and off alcoholic behavior until 1995. He always thought his mother treated his other brothers and sisters with a little more favoritism. He grew up with feelings of inferiority and low self-esteem.

After completing his high school education, he started working at a waste management company, until he injured his back. He never attended an institution of higher learning and continues to work odd jobs to make ends meet. He lived with his mother and dated only a few women. Mark had minimal sexual relations with his long-term girlfriend. He had only one serious long-term relationship in the years before dating his wife. At that time, he rated himself as a somewhat undesirable marriage partner.

According to personality testing Mark is highly introverted. He likes to work by himself and may feel inhibition in interpersonal relationships. He may have feelings of anxiety on occasion but does not rely on others to solve his problems, perhaps because he does not feel comfortable in asking for help. Overall, he seems to be apprehensive, pessimistic, dependable, self-absorbed, critical, unresponsive, disorganized, and deliberate.

Profile of Cassandra

Cassandra also grew up in a rural area with her mother, father, and six other siblings in a lower-class family in rural North Carolina. Cassandra's mother, a devout Baptist with a middle school education, was a housewife. Cassandra's father had an eight-grade education and was a Baptist preacher. He worked as a tractor driver. Cassandra's mother and father were not married when she was born, but they married

when she was two years of age. Cassandra's parents were only married for ten years, but they had been together for twenty-one years. The divorce of her parents was a great excitement for Cassandra, because of the abuse that constantly occurred between her mother and father. Cassandra grew up to be a somewhat religious Baptist. Although raised in a relatively close-knit family, Cassandra was sexually abused at the age of thirteen by a family friend.

After being raped, Cassandra never told her parents however, she began expressing behavioral problems at home and in school. In addition to the exhibition of behavioral problems, she became highly sexualized. She started looking for love in her sexual relations. She had found something that made her feel good. At the age of sixteen she became pregnant, but she had a miscarriage. A year after the miscarriage, she was raped again by her sister's boyfriend and this time she reported the rape. However, her mother and siblings accused her of initiating the sexual encounter. As a result, she began hating herself and all of those who were close to her. Her sexual relations increased, and she continued this behavior until her second pregnancy.

At the age of nineteen, Cassandra graduated from high school but found herself pregnant. As a child pregnant with a child, no one seemed to care about Cassandra. She became more withdrawn, and finally one of her sisters arranged for her to live with her. After living with her sister for a year and a half the relationship disintegrated, and Cassandra decided to return home to live with her mother. Returning home was a bitter-sweet choice, but shortly afterwards Cassandra met and started dating her current husband, Mark.

According to the personality test Cassandra is apprehensive, discouraged, emotionally driven, socially inactive, and inhibited. In addition, Cassandra also has a low level of self- esteem and suffers with an increased amount of anxiety.

Profile of the Courtship

Mark and Cassandra met at one of her sister's home, and soon found that they were physically attracted to each other. They only knew each other for a couple of months before they became sexually active. Shortly after their first sexual encounter Cassandra felt dirty on the inside but as Mark continued to show interest in her, she began to think there was someone who cared about her and not her body. However, later in the relationship Cassandra discovered that Mark was still in a long-term relationship with another woman. As soon as she found out Mark was in another relationship, she walked away. Mark and his long-term girlfriend left North Carolina and moved to Georgia. Cassandra continued to live with her mother and focused more on raising her little daughter. Cassandra enrolled in a home-based degree program and attempted to get a certificate as a medical transcriptionist. She was in the program for approximately three months before Mark returned.

When Mark returned he contacted Cassandra and told her that he wanted to be with her. They decided to date to determine if the relationship would work. The only stipulation was that Mark had to accept her daughter, who was two years old, and help raise her. He agreed to accept her daughter, and they officially became a couple in 1989.

Three years after they met, Mark and Cassandra began courting. They often spent time together, and according to Cassandra she finally felt as if "someone loved her for her." Within the first three months she fell in love and they moved in together. A year

later, Cassandra became pregnant, and during the same year Mark relapsed and began drinking his alcohol. Disappointed, Cassandra became emotionally drained and began having self- doubts about the relationship. Despite all the self-doubt, Cassandra continued to stay in the relationship. Although she knew in her heart she loved him, at the same time she found the same feelings of hate she had for her dad, she was feeling toward Mark. She continued to stay in the relationship and in November of 1990, she conceived her second daughter.

Following the birth of his first child, Mark stopped drinking. His sober moments were the happiest times for Cassandra. However, in March of 1991 the roller coaster ride of drinking started again. It seemed as if every time Mark would return to the bottle, Cassandra would find herself pregnant. In December 1991 Cassandra found herself experiencing life and death. On December 9, 1991 her father died of respiratory failure and the following day she gave birth to her first son. Mark was on a drinking binge the day his son was born and did not realize his wife had given birth. Upon her return home, Mark continued drinking, and they started having verbally and physically abusive confrontations. She began focusing all her attention on her children and tried to ignore the drunken lifestyle of her boyfriend. Although Cassandra did not approve of Mark's drinking habits, she refused to leave him.

The more Cassandra tried to ignore the drunken lifestyle of her boyfriend, the more withdrawn she became. Later in the year of 1992 Mark stopped drinking and she began to experience excitement once again. Mark's sobriety appeared to last longer. In 1994 after the birth of their third child, Mark celebrated two years of sobriety. During this transitional period Mark began talking about marriage. Cassandra was a little

hesitant, because she knew the roller coaster drinking lifestyle Mark exhibited. She believed they had a zero chance of rebuilding their marriage and did not want to live in a committed lifestyle with a potential alcoholic. She had told herself she would not be like her mother and that she would not marry someone like her dad. Mark, on the other hand, felt as if it was time for him to grow up and be a father to his four children. During this time, he categorized them as a couple, and he would often say he loved her. According to him, he felt as if Cassandra had put up with a lot from him, and he loved her and wanted to spend the rest of his life with her.

Cassandra, however, was still having second thoughts and was planning to move back in with her mother. Before Cassandra could return home to her mother, on January 1, 1995, Cassandra surrendered her life to Jesus Christ. After becoming a Christian, Cassandra's life changed. She refused to have any sexual relations until after they were married. Her entire outlook on life changed. She was no longer lonely or needed approval from a man. She started discussing all the abuse and rape that had occurred in her life. She finally felt free. She was free to love and free to give love. She and Mark did not have sexual intercourse until their wedding day, September 2, 1995.

Profile of Post Marital Adjustment

After the wedding, Mark felt a sense of hope. He believed he had finally done something in his life that was positive. He loved his wife and their children. He was going to be the best husband and father. Cassandra felt alive and excited about being married. She was loved. She was happy. However, something happened, Mark's roller coaster ride with drinking began again. He went on another drinking binge and continued this behavior for five years until 2000. During his time on the drinking roller coaster

Mark also committed adultery. His commitment was temporary, and Cassandra found herself trying to stop the roller coaster. She tried to commit suicide and was hospitalized. Despite Mark's infidelity, alcoholic behavior and disrespect, Cassandra refused to divorce him. However, Mark moved out of the home and lived alone for a couple of months. Cassandra and the children were finally able to have a peaceful lifestyle however, she found herself pregnant with their fourth child. Cassandra released Mark during this time and was able to move on with her life. However, Mark realized how much he loved his family and wanted to return home, Cassandra agreed with certain stipulations. She told him the first sign of alcohol or infidelity meant a divorce. In December 2001, Mark stopped drinking and has not had a drink for over six years.

Also, during that year, Cassandra began working as a paraprofessional at the high school in her hometown. It was her first job since they had been married. They had a lot going on, and they recommitted to trying to work on their marital relationship. As an attempt to work on their marriage, Mark and Cassandra tried to be open and honest about their feelings. Cassandra wanted Mark to apologize for the infidelity. She felt that her trust in him was shattered. Even though she had forgiven him, she still struggled with the thoughts of "why he would do this?" She still felt rejected and disrespected. She asked for answers to these questions, but Mark had no answers. He finally answered and said, "I do not know why I cheated." Cassandra and Mark tried to put the past behind them and move on to focus on their children.

Their focus shifted to the children, but they knew nothing about being a husband or a wife. They did not know how to handle finances, make a budget, or seek to live together as one unit. Mark and Cassandra did not have any formal training on how to be

a family. Their families of origins were broken, and they did not have the basic life skills training from their parents to be able to succeed in marriage.

Overview of Partners' Satisfaction and Identifying Problem

When Mark and Cassandra married, they both struggled with understanding the true meaning of love.   Their relationship was, from the beginning, not founded on closeness and intimacy; they both realize their relationship was based upon sex. Mark has problems with erectile dysfunction and feels inadequate as a husband.   Mark thinks that his dysfunction has to do with his mixed feelings about his wife.   He believes that his wife is judgmental and does not understand him.   In comparison, Cassandra is also extremely dissatisfied with the marriage however, she does not feel as if there needs to be a divorce.   She does not judge Mark due to his inability to perform within the bedroom. She believes that since their relationship began with sex that Mark has used that as a driving force within the relationship.

During their first years of marriage, Mark and Cassandra experienced tough marital adjustment.   According to Cassandra, she believed Mark only married her because she refused to have sex with him after she became a Christian. As a way to have sex with her, Mark asked for her hand in marriage. However, immediately following the wedding, Mark returned to his old love: the alcohol bottle. Next, he committed adultery with someone in the church and he expected everything to be normal. Getting over the humps of disrespect and rejection, Cassandra was able to forgive her husband, but continues to struggle with forgetting the incident.

Mark and Cassandra are trying to work on their marriage, and they are willing to look at how their families of origins have influenced and are still influencing their marital

union. Growing up without a father in his home and a promiscuous mother led Mark to seek love in all the wrong ways. He was rejected and neglected as a child and has always felt a sense of loneliness and separation. He wants to be loved by someone but does not know how to express his needs in an effective manner. On the other hand, Cassandra is also seeking to be loved in all the right ways, but due to her lack of strong familial structure, she does not know how to have a healthy relationship with her husband. Cassandra's absent father and overly protective mother developed in Cassandra a desire to want security and protection. In response to her rapes as a child and not having anyone to protect her, she has always sought ways to receive that protection. As Mark and Cassandra seek approval, protection, respect, and fulfillment that are missing pieces in the true essence of a covenantal relationship, they find themselves fighting generational demons daily.

Treatment Goals and Plans

At the end of the assessment sessions, the couple agreed to attend counseling sessions to help with their marital distress. I explained to them that I would be using Integrative Cognitive Behavioral Therapy. I introduced to the couple a treatment plan and as a team we decided on the goals of their therapy. I discussed with them that the sessions would begin with joint sessions with the couple and myself. I further discussed that we would focus on recent conflict, both negative and positive, that reflect their major theme or themes. In these discussions I would be heavily involved in helping them communicate more effectively; helping them identify the patterns that keep them from moving forward in their relationship and assisting them in finding other ways of relating.

The standard protocol for IBCT therapy is described in a treatment manual written for therapists: *Acceptance and Change in Couple Therapy* by Neil S. Jacobson and Andrew Christensen. I used their standard protocol to help guide the couple on deciding the number of sessions for active treatment, which are typically 16-18 sessions since we had already spent 4 sessions completing the assessment and feedback phase. I explained to the couple that typical sessions are conducted about an hour on a weekly basis. Also, sessions typically occur every other week or monthly toward the end of therapy. Thus, the typical course of therapy lasts between 6 and 12 months (Jacobson & Christensen, 2002, p. 60).

I showed them a copy of the book *Reconcilable Differences* by Andrew Christensen and Neil S. Jacobson and told them that it would be used as a homework guidebook in the initial stages of treatment. I told them that they would be assigned chapters from Part II of the book, as these chapters specifically addressed the topic of acceptance, as suggested by authors Wheeler, Christensen and Jacobson. Then I discussed the goals of therapy which were designed to promote acceptance and change. I encouraged the couple that we would focus on two parts of treatment. The first part: promote acceptance strategies followed by part two: strategies to promote change.

I used psycho-education to describe and teach the couple some of the effects and terminology associated with IBCT. I began by first discussing terms that were associated with promoting acceptance. To promote emotional acceptance, the IBCT therapeutic model uses three basic interventions: empathic joining, unified detachment, and tolerance building (Jacobson and Christensen, 1996, p. 103). "As a general rule, therapists try at the beginning of IBCT to turn problems into vehicles for intimacy" (Jacobson &

Christensen, 1996, p. 103). Therefore, it is important for therapists to use these three

strategies to help enhance intimacy and acceptance. The first intervention empathetic

joining is a therapeutic intervention designed to help couples focus on healthily

expressing their emotions and thoughts in a compassionate and considerate manner.

Each couple is to take into consideration the other persons feeling thus choosing another

way to express an emotional experience. For example, when one of the spouses becomes

angry or frustrated the therapist encourages an expression from a caring or gentle manner.

The second description involved helping the couple understand how to promote

change. I explained to them that within an IBCT perspective, "the focus on changing

partner behavior is a central controlling variable that leads to many of the problems

associated with couple discord, such as coercion and negative behavioral reciprocity"

(Jacobson & Christensen, 1996, p. 33). Some of the change techniques include: behavior

exchange techniques, communication training, and conflict resolution training. Each one

of these change techniques has aspects that must be coupled with promoting acceptance

to be successful treatment strategies. I also explained to the couple that the second phase

of their treatment plan included restoring the entire family. They agreed and made a

commitment to being prepared to include their children in therapy.

Conclusion

The assessment process provided the therapist and client with the opportunity to

develop a rapport that builds trust and commitment. The assessment process included

listening to the clients and then leading them into an active treatment plan of action. The

sessions during the assessment process was an excellent precursor to the restoration of

the family system. After the conclusion of the assessment process, the family entered

therapy. In the next chapter there will be a description of the actual conduct of therapy with the Brown family.

CHAPTER FIVE

The Family: Restoring the Wall

According to Webster's dictionary (2003), the definition of restoration is "to receive back more than has been lost to the point where the final state is greater than the original condition." After completing the plan for reconstructing the marital wall, the Browns were whole-hearted and fervent about beginning the therapeutic process of restoring their marriage and family to God's original and divine design. The cultivation process for restoration provided the Brown's with the ability to explore any brokenness in their relationship with God, as well as with themselves and their children. It was the goal of the therapist to provide guidance for unification and restoration of the family. As part of the process, the therapist provided biblical scriptures to help nurture the faith of the family. Since the Browns were Christians and were raising their children on Christian values, the use of biblical scriptures was readily accepted.

The Couple Therapeutic Sessions

Initial Session

When the active phase of the couple sessions began, Mark and Cassandra were experiencing a major breakdown in their marriage. I had to reformulate their problem to help them enhance their relational skills. The major theme was closeness-distance; as Mark was trying to distance himself from Cassandra on becoming involved in any type of counseling that would help their marriage. Mark felt that Cassandra was always judgmental and did not accept him as a good husband. Therefore, he was not interested in remaining in the marriage. When asked for an example, Mark stated that Cassandra was not positive or enthusiastic about any of his accomplishments. I asked Cassandra,

what were her thoughts about the comment made by her husband. She stated, she

believed since Mark had "cheated" on her so her responses did not matter. Cassandra

resented Mark for the affairs and felt that he was not worthy of trust much less any love

or affirmation.

Such display of reactive emotions is an example of what authors, Christensen,

Doss, and Jacobson (2014) describe when couples get embroiled in conflict with each

other. They blame the trouble as being the fault of the other. As a result, they both try to

correct the faults by changing the other. The other resists change, resulting in a struggle

being formed which destroys their loving feelings for each other (pp. 105-108).

Therefore, we began focusing on how to reconcile their differences by working through

issues which would potentially enhance their intimacy through acceptance. I encouraged

the couple to begin talking about their own problems and not each other's problems.

Cassandra began by stating that she loved Mark regardless of her struggle with his

infidelity. Mark was shocked to hear Cassandra expressing her love and began crying.

Instead of the couple being allowed to talk about how much the other person hurt him or

her, they were redirected to focus on what caused the hurt to create a point of discord.

After learning to empathize with each other's feelings and analyze the cause of the

negative feeling, Mark and Cassandra could move on to learning how to face their

biggest marital problem: communication and conflict resolution.

As the therapist, I had to learn the Brown's "communication stories, their ideas

about communication, what they have tried to do differently to move in the right

direction, and the results of their attempts" (Hertlein & Viers, 2005, p. 4). Mark and

Cassandra shared they had difficulties discussing their feelings to one another and often

found themselves either shutting down or having multiple outbursts. They believed

effective communication was a major key to their marriage being a success, but they did

not understand how to share their feelings and thoughts without it leading to an argument.

In the past, they had counseled with their pastor and had attended two sessions with a

local mental health counselor, but they did not believe they receive, effective family

therapy. After listening to their responses, I asked "what did they think about couples

working together to develop their own unique way of communicating, just as artists work

to discover their own unique artistic vision" (Hertlein & Viers, 2005, p.4)? The couple

agreed and were given homework to work together to develop their own distinct way of

communicating.

Second Session

The next session, the couple came in and had developed a plan to help their

communication skills in the way of planting a small garden together. The couple had a

little space in their backyard and both liked to use their hands to do work. I explained to

the couple it might be difficult for them to work together in planting a garden, since

based on their family of origins, they have different beliefs, values and styles. Both Mark

and Cassandra had to overcome high levels of anxiety. We began to discuss some of

their beliefs and values concerning communication (Hertlein & Viers, 2005, p. 5). At

first Mark was reluctant and did not want to participate but after a few minutes of

discussing his fear, he was able to move towards sharing. Cassandra was also hesitant

but was able to share her biggest stronghold was learning to respond to Mark without

"intentional or unintentional" criticism. Mark agreed not to walk away when he

perceives Cassandra as not being supportive of his ideas or accomplishments while they worked on the garden to represent their communication.

Third Session

During this session with the couple, I asked them to tell me about their gardening and communication experience. The couple had worked together to decide what type of food they wanted to harvest, who would till the soil, who would plant the seeds and what type of irrigation system would be used. Mark and Cassandra did not have trouble on deciding what they wanted to grow. Since both loved collard greens, they decided to plant them. However, the difficulty occurred when Mark chose to till the soil and Cassandra asked him how many rows was he going to create? Immediately, Mark thought Cassandra was being critical, but instead of Mark walking away, he was able to ask for clarification. Cassandra was not being critical but wanted to make sure they had enough seeds.   The couple was surprised they were able to work together and complete the gardening task. They realized perception was a major problem in their communication and wanted to begin working on some of their distorted thinking patterns.

Final Session

Mark and Cassandra were able to continue to work together in the garden and developed improved methods of communication and conflict resolution skills. We also worked on distorted thinking patterns and stress in order to help enhance their communication skills because "the two important things people need to change in order to improve their lives are stress and negative thinking" (Melemis, 2010). I provided each spouse with a "Thought Record Template". I explained the purpose of the template and how they were to use it in conjunction with tending to their garden. I guided the couple

through a role play example on how to effectively work through the 10-steps of the thought record.

Mark and Cassandra were diligent about changing their negative thinking patterns which manifested in reduced stress and tension in their conversations, resulting in better communication. The couple continued to practice constructive communication, and by the end of the final counseling session they had improved their communication and conflict resolution skills. In each therapeutic session, Mark and Cassandra worked diligently to empathize with each other, accept each other's differences, work towards maintaining communication skills and most of all enhancing their marriage so that they would remain married.

The Family Therapeutic Sessions

In our final couple session, we began to shift our discussion to family dynamics and family structure. Mark and Cassandra expressed concern about their sixteen-year-old daughter, who was experiencing both academic and behavioral problems. Since the couple was improving in their relationship, they wanted to address the problems they were experiencing with their children. Cassandra explained that her sixteen-year-old daughter was rebellious, and she believed that Adessa was blaming her for her behavioral problem. After Cassandra explained her situation, I began to explain the philosophy behind family therapy, and emphasized to her the importance of having the entire family attend family therapy sessions. Cassandra agreed and stated she would do her best to get her family involved and would call and let me know the decision. As a result, I received a call from Cassandra stating that she and her "entire family were going to attend the next session." The first meeting was scheduled for one week later.

Initial Family Session

The first family meeting began as I welcomed each family member and asked each one to share their names and ages; each person openly shared their information. Next, I had the parents discuss why they were attending therapy and were the children aware of the reason for the attendance. Mark responded by stating he and his wife believed Adessa was exhibiting behavioral and academic problems and feared she was beginning to get out of control. Therefore, they wanted to seek therapeutic intervention to resolve the issue before it got out of control. Immediately after Mark's statement, Adessa interjected by stating "I am not having any problems, but they are the ones with the problem!" She also stated, she did not want to be in counseling. I provided Adessa with the option of leaving and not feeling forced to attend the counseling sessions. Adessa sat quietly and chose to sit through the session.

After choosing to remain in the sessions, I questioned Adessa on her reasons for wanting to leave the session. Adessa did not answer the question but began the blame game and stated that the problem was with her mother who wanted to have control over her life. We spent time discussing the comment made by Adessa, and then I guided the family into understanding their parents' family of origin. As we closed the first session, I continued to gather additional information about Cassandra's and Mark's family of origins. The children were intently listening, except for Adessa, who seemed to be daydreaming. At the end of the session, I asked if they were going to commit to another session. The parents quickly agreed, followed by an agonizing, "yes" from the children.

During the first initial session, it was my goal as a practicing cognitive behavioral therapist to use the technique of "circular questioning" (Brock & Barnard, 1999, p. 26).

Circular questioning is used as an assessment tool which has the "unique value of placing clients in a metaposition, outside of the system they are currently embroiled in. As the family members listen to another member respond to circular questioning, they may also learn for the first-time other members' perceptions of the family operation" (Brock & Barnard, 1999, p. 39). I utilized this assessment in a way to get each child's perception on how Adessa's and Cassandra's relationship impacted the entire family. Also, I asked the family members, "When Adessa has behavioral problems, what does your mother do? What does your father do?" The questions provided the other children an opportunity to share their perceptions, but it also helped me to develop a family dynamic and a family schema. As a result, I could begin creating a framework for my understanding of the psychodynamic functions of the Brown family.

Second Session

After the first session, I began to develop a family schema and wanted to continue to clarify the identification. Therefore, the focus of the second session was to help increase my understanding of the family system. Since I was focusing on the use of Cognitive Behavior approach, I spent time delving more into CBT and family schema. Cognitive-behavior therapists define schemas as cognitive structures that organize thoughts and perception. Schemas are also viewed as having an integral influence on emotion and behavior (Dattilio, 1998, p. 7). I began the session by discussing with the family that I had determined their family schema; I identified that they had different ways of protecting each other. Cassandra and Mark asked me to explain the statement. I asked them to express to me what they thought the statement meant. The parents believed that due to the statement that was made by Adessa, about Cassandra being too overprotective,

implied that Cassandra did not allow her freedom to live her life. Also, the two male children stated that Cassandra was more protective over Adessa versus them. The sons felt that their mother did not care about their well-being. Mark believed that Cassandra was not as overprotective as Adessa was stating, but Cassandra wanted the best for Adessa. As we continued to discuss the schema of "protectiveness", Cassandra and Mark shared more about their role as parents. Mark felt that he was not giving enough support with disciplining and redirecting the children's behavior. As a result of this lack of parental support, Mark believed Cassandra became overwhelmed and placed more control on the older children. Mark continued by discussing some of his upbringing and how the absence of his father affected his role as a father figure. He also shared due to his alcoholic behavior he had not been in the children's life on a consistent basis.

On the other hand, Cassandra's upbringing and Mark's lack of ability to be a competent father, made Cassandra feel responsible for maintaining order and stability in the family. Therefore, there were obvious distortions about family roles that had to be identified and discussed. I ended the session by giving the family homework on dealing with distorted and faulty thinking as a family. I provided the family with ten distortions as outlined by Dattilio, so that they could began to identify, understand and began to work through some of these distortions.

Third -Fifth Sessions

As the family continued the road to restoration, the next three sessions focused on helping them adjust their expectations. We began each session with their homework on the distortions that existed in the familial system. Dattilio' s ten distortions were:

1. *Arbitrary inference.*   Conclusions are drawn by family members in the absence of substantiating evidence. For example, Adessa returns home a half hour late for her curfew, she is judged by the family as having been up to no good.

2. *Selective abstraction.* Information is taken out of context; certain details are highlighted while others are ignored. For example, Mark fails to answer Alan's greeting the first thing in the morning, and Alan concludes, "Dad must be angry at me."

3. *Overgeneralization.* An isolated incident or two can serve as representation of similar situations everywhere, related or unrelated. For example, Mark and the kids leave food out from time to time, Cassandra develops the belief that her family is wasteful and that they take everything, including her, for granted.

4. *Magnification and minimization.* Something is perceived as having greater or lesser significance than is appropriate. For example, Mark demands that the children wash their hands before eating, but he fails to do this himself. When confronted by the children, he minimizes his failure by saying, "Well, I do not do it very often, so I'm excused."

5. *Personalization.* External events are attributed to oneself when there is insufficient evidence to reach such a conclusion. For example, Adessa blames herself for her parents' repeated arguments, stating, "Perhaps I should have never been born."

6. *Dichotomous thinking.* An experience is identified as either all or nothing—a complete success or a total failure. For example, after an incident in which Alan becomes involved in trouble at school, Mark and Cassandra conclude, "We failed as disciplinarians."

7. *Labeling and mislabeling.* Imperfections and mistakes made in the past can serve as stereotypes for all future behaviors. For example, Cassandra and Mark have failed to follow through on a promise on one occasion and are consequently regarded by the children as being unreliable.

8. *Tunnel vision.* Individuals see only what they want to see or what fits their current state of mind. For example, Mark holds on to the rigid belief that the man is the "head of the household," because this is the way he imagined a father to be when he was growing up.

9. *Based explanations.* A polarized type of thinking develops during times of distress, in which there is an automatic assumption that another family member holds a negative ulterior motive. For example, Mark and the children distrust Cassandra because she is reluctant to disclose to them what she is been discussing in her private therapy.

10. *Mind reading.* One person "magically' knows what another person is thinking. For example, Cassandra is certain that the children view her as a failure because she is unable to stand up for herself and demand what she wants (Dattilio, 1998, pp. 6-7).

In each session, we reviewed the list and identified the distortions each of them might partake in. At first, Mark wanted to point out distortions that identified with

Adessa.   However, I redirected his attention to the ones in which he identified. I stressed to the family that it was important to focus on distortions that pertained to themselves. Admittedly, each family member shared between one or two distortion that applied to his or her thinking. For example, Cassandra admitted to her constant distortion of mindreading. She found herself entrapped by thoughts that her husband and children thought she was the worst wife and mother whenever she did not fulfill their expectations. Similarly, Mark shared his struggle with selective abstraction, in which he noticed that in communicating with his family he often took information out of context which led to conflict. Adessa, eventually shared her identification with overgeneralization.   Every time she was confronted by her mother regarding inappropriate or defiant behavior she would always think her mother treated her differently from the other family members.

Conclusion

At the end of the sessions, Mark and Cassandra had become a healthier couple and were committed to remaining together.   It has been over a year and they are still learning to accept each other's differences in ways which are reconciling their marriage. The couple discusses their continued struggles in open and effective communication, however, they are still working through the book that was assigned to them and completing the thought record journal. Additionally, they actively seek to attend marriage and family seminars and spend time renewing their marital vow. They are thankful for the therapeutic sessions and look forward to helping other couples regain their intimacy by understanding that differences are what can make a healthy marriage.

The children have become healthier in their ability to openly express and communicate with their parents. They are not afraid to share when they are experiencing painful moments. Adessa's behavioral problems have decreased but have not ceased to exist. However, Mark and Cassandra no longer blame themselves but are releasing ownership to Adessa. The family has developed a commitment to acceptance and reconciliation. As with all marriages who have encountered problems and conflicts, the Brown family conscientiously and intentionally anticipates continual challenges. However, they have vowed not to practice avoidance but instead walk together to healthy relations.

As I worked with the Brown family, the problems they were encountering could not have been avoided any longer. Due to Cassandra's brokenness she had experienced in her childhood, she was crippled from being able to deal with the problems sooner. On the other hand, Mark's failed relationship with his father created a chasm with his ability to be committed in a relationship. A reflection on the therapeutic work provided to the family, helped me develop a deeper commitment to dealing with the complexity of relationships. The entire process has afforded me an opportunity to work with families in helping them move from a state of brokenness to wholeness to holiness. The experience of being able to work in-depth with this family led me to a deeper research on the study of family therapy and family assessment. I have gained a broader understanding of the systemic and cyclical patterns of affect in the life cycle of the family. Personally, I have learned not to take marriages and families for granted and to be more appreciative of the different dynamics found within the familial system. It is my hope and aspiration to

continue to enhance my therapeutic skills as I work to achieve my ultimate desire of

being a competent Marriage and Family Therapist.

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